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Blood don't lie: Writing sickness after Flannery O'Connor

Abstract:

“Blood don't lie” is a work of creative nonfiction that seeks to understand writing and sickness through the work of Flannery O'Connor. By analysing her correspondence, biographical details, ephemera and three short stories, this essay applies a feminist disability studies reading to her work and asks: to what extent can the experience of sickness be read “backwards”, from biography to fiction; from reading to reader; and, in the case of both O'Connor and the author, from generation to generation? It identifies the thematic concerns of her work – family, time, sickness and body – and emphasises how they might be employed to counter the resistance of pain to description in language and, further, to explain the relationship between language, power and otherness in writing about sickness. By combining techniques from literary criticism, biography and autobiography in a hybrid form, it produces new writing towards a speculative literature of sickness.

Biographical note:

Alex Gerrans is a nonfiction writer from Meanjin. Her work has appeared in publications including *Overland*, *Meanjin* and *The Guardian*.

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In life, and in creative practice, “all day, all night the body intervenes” (Woolf, 2012, p. 4). In this essay I am writing about novelist Flannery O’Connor, or writing about how illness is intertwined with her work, and trying to make sense of my own sickness at the same time. To undo elision and present the body as a tool; a receptacle of experience to draw from. My argument is that O’Connor’s thematic concerns are the inevitable failure of health, and the link between bodies and family in time. These can be expanded to include sickness more widely, using the body as an artefact of interdependence, to write beyond the limits of pain. I draw on three of O’Connor’s short stories, her biography, her letters, and my experience of sickness. In *The Rejected Body*, Susan Wendell sets out what she terms “feminist disability theory” and it is this framework I use to analyse the aforementioned material (Wendell, 1996, p. 10). This reading and writing attempts to overcome the limitations of language as a representational tool in order to combat the isolation of illness.

This essay operates as hybrid nonfiction, incorporating elements of memoir, biography, and literary analysis. A writer or (auto)biographer working reflexively in this mode “produces the biography of this woman’s archives and how she, as an author, uses them” (Zinsser, 2009, p. 48). Biographer Ruth Behar states that “in some sense the life history may represent a personal portrait of the investigator as well, a ‘shadow biography’ lurking within the telling of the other life” (cited in Zinsser, 2009, p. 47). I read O’Connor’s focus on family and frailty alongside the decline of my own health. This work, then, is both a record and an account of record-making.

Writing sickness is made additionally complicated by the relationship between the categories of disability and chronic illness – they overlap but may not be concurrent. The extreme subjectivity of the experiences of pain, chronic illness and disability means that, as these states are experienced differently by every individual, it is difficult to speak of as a category. I use the term “sickness” in this text – which is my preference as a person with chronic illness – but acknowledge that this may not feel accurate for another person’s experience.

O’Connor’s cultural cachet is such that while her writing is widely read, she is characterised as a writer of the Southern Gothic, and not granted much more analysis than this framework. Gilbert H Muller (1972) argues in *Nightmares and Visions: Flannery O’Connor and the Catholic Grotesque* that O’Connor is a writer of the Catholic Grotesque, rather than of the Southern Gothic (p. 12). Using the grotesque as a starting point, it becomes apparent that the links between the body, sickness and heredity are the central thematic concerns of O’Connor’s short fiction, and that this is drawn from her own family history and experience of chronic illness. She positions the bodies of her characters as ephemeral objects of heredity, the inevitable failure of which can produce new ways of seeing and understanding.

For readers with an eye for bodily anxiety, her work is as symbolically and thematically rich as it is for those interested in her religious themes, though the two are not necessarily mutually exclusive. It is their interplay that makes this frame of analysis compelling; her writing combines the enormous (morality, death, judgement) with the specific (family, O’Connor’s experience of chronic illness). O’Connor’s work produced a lasting impact precisely because it is rooted in physicality in this way. By focusing on the tenuousness of health, O’Connor was able to depict the failure of the body as both alienating and a normal part of lived experience.

In spare language the world is scoured and people are made uglier by our vulnerability. Having a body is violent. Heart problems that preclude a coward’s righteous action, sickness

as a result of rebellion against those who bore us. Characters with disabilities who resist being used as a tool for the well to demonstrate empathy. I began to notice the infirmity present everywhere in her work when mine became unavoidable.

Philosophy of illness

O'Connor wrote that her short story, "Revelation", was her "reward for setting in the doctor's office" (1971, p. 579). My experiences in the purgatory of the waiting room have produced no revelatory fiction, but my encounter with sickness has changed my priorities. Havi Carel, a philosopher of illness, positions sickness as a profoundly destabilising event. This is because sickness changes the sufferer's perception of time and alienates them from the rhythms of the everyday, from the expected flow of the narrative of a life. Rather than being voluntary and theoretical, the reflective state that sickness deposits you into is "radical, violent" (Carel, 2014, p. 22). Sickness "illuminates taken-for-granted values and expectations by destroying the assumptions that underpin them" (Carel 2014, p. 22). This alienation and change in circumstances produces an involuntary space of reflection, an impetus to philosophise (Carel, 2014, p. 22).

The body is essential "to the constitution of space and time" (Carel, 2013, p. 347). As Carel (2014) writes, "sustained pain or a poor prognosis may completely transform one's experience of time" (p. 34). Writing from the sick body, pain and fatigue present a significant limitation to sustained effort. Around the period this was written, a good part of my waking hours were spent taking painkillers and lying in bed. Pain and distress are not necessarily conducive to good writing. Conversely, writing from the sick body brings a new urgency, as a result of "a limited sense of time, an amplified sense of mortality and fragility, a reawakened appreciation of the good things in one's life, and privileging the present" (Carel, 2013, p. 354). The heritability of illness is another part of how time presses upon us. There is a sense of inevitability and predetermination. For O'Connor, this sense of limitation in body and in time fit with her Catholic faith, with her sense of real moral struggle in the ordinary. This is what informed the stories she wrote for a few hours a day.

At the time of writing, I had recently been diagnosed with endometriosis. Endometriosis is the abnormal growth of endometrial cells outside the uterus. It is a condition I am statistically more likely to have because my mother had adenomyosis, another painful uterine dysfunction. It results in damage and scars the tissue it grows on, and this may occur anywhere in the abdomen. My experience was frequent and excessive bleeding, nausea, fatigue and pain. The pain ranged from being manageable with rest and over-the-counter pain relief to being so severe that I would vomit or be unable to walk.

Concurrently, my mother was diagnosed with throat cancer, the same illness her father had died from when she was my age. My mother was treated surgically and with radiation. I went to the hospital with her for a radiation appointment and she told me that the worst part of it was remembering her father's treatment. Cancer treatment is fragmentary; the effects build up in the body over time, not correlating neatly with hospital visits. Fentanyl patches and liquid oxycodone are external signs of ungraspable pain, of hidden damage.

I coincidentally learned of O'Connor's diagnosis at this time. O'Connor died of lupus erythematosus, the same condition that her father died from when she was young. This condition meant joint pain, crutches, fatigue, bloating, hair loss, hospital stays, cortisone

treatments, blood infusions, and moving back into her mother's home permanently as an adult. She was able to work on her writing for a period of about two hours a day, a window which narrowed towards the end of her life. Diagnosed at age twenty-five, she died at age thirty-nine after a flare-up (Muller, 1972). My reading of O'Connor and the themes of heredity and bodily anxiety brought my circumstances to the fore.

"The story opens in a doctor's waiting room" (Muller, 1972, p. 47). Because of blood, excess of blood as a symptom. It spills out, puddles red-black on speckled linoleum. O'Connor lived her father's sickness. I was living my mother's experience and she was living her father's. Time in circles.

Sickness and writing

To read (or write) about sickness is uncomfortable and the effort is inevitably frustrated by the inadequacy of language. Writing as communication "bespeaks the incompleteness of the speaking" (Kristeva, 1982, p. 208). O'Connor and I both wrote in our rooms, unable to "venture forth" (O'Connor, 1979, p. 57). When you are sick, it is the written word you rely on to communicate with those beyond your immediate domain.

To write about the body is to fail, which is why the sickness memoir is often not good. Narrative conventions demand death or a cure; no one likes it if you live and stay sick. When the body does not behave as we want it to, when our focus is reduced to the immediate functioning of the organism we are, we must consider the tools that exist to communicate both this experience and why it matters to another person.

Like lupus, endometriosis is an inflammatory condition that can be managed but not cured. O'Connor's pain was joint pain, mine is the pain of endometrial tissue bursting and scarring. Elaine Scarry's writing on pain (in the context of torture) can be read in a way that makes it applicable to other bodily experience – it is useful in considering how sickness and disability may be represented. Scarry's argument is that pain destroys language, and negates representation, with wide-reaching consequences. "To have pain is to have certainty; to hear about pain is to have doubt" (Scarry, 1985, p. 13). This is where the ethical implications of representing sickness and disability become apparent. The failure and negation of language form the holes in the net woven with words, an intrinsic part of communicating the experience of sickness and seeing how the body relates to others across time.

I am aware of only one instance of a literary reviewer, Margaret Turner, who was a contemporary of O'Connor's, making reference to O'Connor's lupus in a discussion of her writing. But the lupus was not relevant, O'Connor maintained; God and posterity are served only by good work (Turner, 1960, p. 43). However, the links between family and sickness in O'Connor's fiction do reflect similar links in her own life. O'Connor's father died of lupus when she was a teenager. In letters to friends, when she did mention lupus, it would be alongside some observation about her father, who was proud of his creative daughter. When she was a child, he carried around scraps of her writing and drawing (Gooch, 2009, p. 27). There is a connection between this relationship, her work, her father and sickness.

Writing and the abject both originate from the body. Abjection in O'Connor is vomit, blood, heart attack, sweat, the unavoidable visibility of bodily failure. In *Powers of Horror* (1982), theorist Julia Kristeva describes the abject as that which "has left us without leaving us

alone” and writing as “an indefinite catharsis” in the face of this (p. 208). Visible sickness or disability makes the able-bodied uncomfortable because it is a reminder of the fragility of health (Wendell, 1996, p. 61). The shameful private crossing boundaries into the public. In a wheelchair, after surgery to excise pain-causing tissue, I was told I could not leave the hospital until I urinated successfully. I was mostly passing blood. Internality made someone else's business, again and again.

O'Connor makes the body strange and alienating by its association with inorganic objects, like the earth mover that gorges itself on clay in “A View of the Woods”, or Sheppard's son vomiting cake in “The Lame Shall Enter First”, a story full of the language of consumption. Disused machines are described like the unwell: “a field of old used-car bodies, a kind of ward for incurable automobiles” (O'Connor, 1971, p. 345). This technique is recurrent across her fiction, but is of particular interest in ‘The Lame Shall Enter First’ with its orthopaedic shoes and mobility aids (Muller, 1972, p. 6).

O'Connor was visibly not well, with lupus altering her physical appearance (rashes, bloating, hair loss) and necessitating her use of crutches (Gooch, 2009, p. 274). This is where our experiences diverge: my illness is invisible, largely banished to the realm of the private. If I do not communicate sites of difference, I am presumed to be able-bodied, heterosexual, cisgender; default, preferred. So, I communicate.

In “The Pain Scale” (2005), an essay on the experience of chronic pain and the futility of its treatment, essayist Eula Biss highlights the abstraction and difficulty of trying to describe sensation accurately for doctors. Additionally, that “the reality that [her] nerves alone feel [her] pain is terrifying” (p. 12). It becomes necessary to memorialise the body's experience in language.

Pain is the height of subjectivity and at its worst reduces the sufferer to a pre- or non-verbal state (Scarry, 1985, p. 3). However, pain is an unclear category. Even the assertion that pain obliterates language is contested (Scarry, 1985, p. 7). If pain destroys language, how then do we have words to denote burning, stabbing, dull, throbbing, aching, acute, chronic pain?

But these descriptions are inadequate; they do not demand action. Pain that is not externally visible is difficult for us to empathise with unless there is a referent attached that allows us to imagine how that pain is made (Scarry, 1985, p. 17). We need descriptive language to conceive of the experience of pain in the body of another (Scarry, 1985, p. 17). The sensation of pain leaves no physical mark on the body. It is detectable only in neural scans, and even then there is no objective way to measure how much pain another individual is experiencing (de Montalk, 2014, p. 13).

On the effects of lupus on her body, O'Connor wrote that “the wolf, I'm afraid, is inside tearing up the place” (O'Connor, 1979, p. 591). My own pain is like dull metal scraping soft tissues. Another sensation is cold, sharp, travelling around nerve pathways I know only by pain's grace. To describe what's happening technically – rupture, scarring, spasm, inflammation – doesn't work. Language cannot replicate a feeling or solicit much empathy. We self-report on a scale of one to ten and are treated accordingly, based on how reliable a narrator of our own experience we are judged to be. I am terrified of being perceived as a drug-seeker, malingerer, hypochondriac. Not just because it makes it more difficult to manage my pain, but because it invalidates my experience.

Scarry (1985) writes that pain “actively destroys language” (p. 4). But O'Connor wrote the body and the alienation of sickness – “that which threatens borders” – as reflecting a loss of agency and control (Dohmen, 2016, p. 769). The alienation from the body by its combination with machines (of progress, of aid), of nausea and vomit, afternoons spent reclining because there's nothing else that can be done. The body without agency, as “temporarily able” (Wendell, 1996, p. 6). I did not see this in her work until, like feverish Asbury in O'Connor's story “The Enduring Chill”, the “film of illusion was torn as if by a whirlwind” from my eyes by my own sickness and the sickness I was witnessing in my family (O'Connor, 1971, p. 382).

When I say the effect of scar tissue on my organs is substantial you have to take my word for it. I get hospitalised because of a suspected appendicitis but there's no rupture. Released again. It feels like language is effective in at least some regards, articulating what was previously felt but not said. For example, Biss (2009) saying that time should be an axis of pain, in order to capture every dimension of the experience. That “the suffering of Hell is terrifying not because of any specific torture, but because it is eternal” (p. 19).

Biss discusses the underappreciated impact of time on the sensation of pain. It is only possible to conceive of the suffering that goes along with pain by taking into account its chronic nature (Biss, 2005, p. 19). If pain obliterates language and negates representation, why should we write about sickness, if language is such an inadequate tool? In the essay “Sick Woman Theory” Johanna Hedva insists on the importance of writing on the body as a way of reflecting on material reality more widely, despite the association between female embodiment and irrationality – an association that has been central to the dismissal of women's intellectual output in the past. Further, Hedva proposes that if we refrain from imagining sickness as temporary, so too will we cease to imagine care as provisional and see the sick body's disruption of the capitalist system as less burdensome (Hedva, 2015). This is vital, especially in the case of conditions from which we will never recover.

Before I knew I was sick, I thought my pain was normal, that I simply lacked the fortitude to engage with the world of the living as expected. Sometimes I feel no pain and I doubt myself. How could nerve signals be part of an identity? And other times – nauseous, unable to walk, aware that this can happen without warning, without reason, visions of cut flesh – I am afraid. No cure, only management. As O'Connor wrote in her letters: “it comes and goes, when it comes I retire and when it goes, I venture forth” (O'Connor, 1979, p. 57). Pain symptoms return at increasing rates as time elapses after surgery. Time excised.

O'Connor was initially told that her pain was a result of arthritis, though she suspected that she had lupus. She said to a friend: “I'd a lot rather be sick than crazy. I thought I had lupus, and I thought I was going crazy” (Gooch, 2009, p. 215).

How can we represent negation, when the “can” of the body is “can't”, when actions previously taken for granted become laborious or impossible? (Carel, 2013, p. 354). Using the short story as her form, O'Connor allows the reader to inhabit all at once the instant of rupture and revelation in the body alongside the health and norms the rupture subverts, holding all moments together. Working primarily on short fiction, O'Connor made the most of her energy. As she wrote: “I can work in the mornings but in the afternoons I can't do nothing but look at peachickens” (1979, p. 203). Likewise, the hybrid nonfiction form allows me to return to my work, approaching it from different points at different times. It is a container for different ideas that mingle without always mixing.

Disability and narrative

Ato Quayson describes in *Aesthetic Nervousness* (2007) the different versions of disability that readers encounter in fiction. The categories of representation that he presents are disability as moral test, an interface with otherness, bearer of evil, normal, or inarticulable and tragic insight (Quayson, 2007, p. 52). Quayson argues that representations of disability are mostly of the first type, as an encounter with chaos or evil, experienced through the perspective of an able person. This use of disability in fiction has contributed to our culture's revulsion for the sick or disabled other (Quayson, 2007, p. 42).

In reading O'Connor's short stories with Quayson's narrative typologies in mind, it is apparent that rather than portraying sick characters as simply evil or a moral test for the well, her works operate with more nuance and complexity afforded to the infirm. O'Connor's characterisation of sickness merges two of the categories Quayson offers: disability as irreducible insight and disability as normal.

In O'Connor's short story "The Lame Shall Enter First", Sheppard is a secular widower with a young son whom he believes to be reprehensibly greedy. To demonstrate his own goodness and teach his son to share, Sheppard takes in Johnson, a reformatory boy, "receiving nothing for it but the satisfaction of knowing he was helping boys no one else cared about" (O'Connor, 1971, p. 447). Johnson has a club foot but it doesn't trouble him. He is explicitly evil, presenting a moral test for the protagonist. Read with an eye out for O'Connor's experience of chronic illness, the story takes on new significance. Rather than the interaction between the sick and the well being an opportunity for growth for the able-bodied protagonist, Sheppard experiences both great loss and new understanding of his own faults in trying to use the boy for his own ends.

His eyes dropped involuntarily to the foot.
'Study it and git your fill,' the boy drawled.
Sheppard reddened. The black deformed mass swelled before his eyes.
(O'Connor, 1971, p. 450)

Johnson is the unwilling recipient of Sheppard's kindness. Sheppard buys the boy a telescope but Johnson loses interest quickly. He claims to be in Satan's power: "I lie and steal because I'm good at it! My foot don't have a thing to do with it! The lame shall enter first!" (O'Connor, 1971, p. 480). Sheppard is punished in the narrative because he does not believe pitiable Johnson has the agency to be evil.

O'Connor incorporates her experience with mobility aids when the protagonist Sheppard buys specialty shoes for Johnson. The "brace shop" is filled with "the equipment of affliction", like spare parts storage for human bodies (O'Connor, 1971, p. 469).

Wheel chairs and walkers covered most of the floor. The walls were hung with every kind of crutch and brace. Artificial limbs were stacked on the shelves, legs and arms and hands ... and unidentifiable instruments for unnamed deformities. (O'Connor, 1971, p. 469)

The meaning of many of the objects present is impenetrable for able-bodied Sheppard, as the experience of illness is impenetrable for those outside it. The “equipment of affliction” was a part of O'Connor's everyday life, but she knows it works here to discomfit the well. The central tension of the story is that Sheppard won't believe that Johnson – who he is repulsed by – is evil. Nor will he accept that the boy should be anything but grateful for help.

Sheppard's false empathy for Johnson is Sheppard stuffing “his own emptiness with good works like a glutton” (O'Connor, 1971, p. 481). Johnson tricks Sheppard's son into suicide. Significantly, it's Sheppard's pride that puts him in worse moral standing than Johnson as far as O'Connor's narration is concerned. The story operates as a cautionary tale. O'Connor was living the tenuousness of the body but did not want to be defined by it. Johnson is free to choose to be evil, to be more than a tool for the well. By this, O'Connor and Johnson provide their irreducible insight.

As with Quayson's re-evaluation of Beckett's work in *Aesthetic Nervousness*, foregrounding the author's sickness produces a new understanding of thematic concerns, expressing the inexpressible in/about/through the body. Quayson states that in order to make comment on the philosophical categories that readers and writers wish to discuss in Beckett's work, the infirmity of both the author and his characters have been ignored (Quayson, 2007, p. 56). It is the same with O'Connor when analyses focus on her faith or her literary context and ignore her physical reality. The experiences represented and drawn from in the construction of her fiction are made immaterial. The opportunity to discuss the effect of living with a chronic illness on writing fiction that is grotesque, on the point of breakdown and revelation, is missed.

According to Scarry, “the rarity with which physical pain is represented in literature is most striking when seen within the framing fact of how consistently art confers visibility on other forms of distress” (Scarry, 1985, p. 11). This mirrors Woolf's assertion in *On Being Ill* that while “the merest schoolgirl, when she falls in love, has Shakespeare or Keats to speak her mind for her”, when we attempt to describe the experience of being ill, “language at once runs dry” (Woolf, 2012, p. 6). O'Connor's stories of bodily disruption take on heightened importance when understood as fiction with pain and sickness as its guiding themes, rather than evangelical morality tales. For Flannery O'Connor disability was a matter of normality. It is for that reason sickness and bodily disruption is recurrent across her work: bad heart, mobility issues, recurrent fevers, blindness, and deafness.

The construction – through language and its impacts on the material world – of health as the norm positions sickness as decidedly other (Wendell, 1996, p. 60). The universality of eventual bodily failure is contradictory to this othering, against the explicit social preference for and against some bodies (Wendell, 1996, p. 66). Though it “could be considered as much a part of nature as is health”, our attitude toward sickness makes clear our inability “to come to terms with death” (Sontag, 1978, p. 75). We each possess a ‘Temporarily Able Body’ (Wendell, 1996, p. 61). Like Asbury, like O'Connor, I live with the knowledge that though my symptoms may recede, they will always come back.

*

Sharp pain inside the left hip where I have seen the pink of an organ blackened with excision, the lesser white constellations of scarring.

My diagnosis was both a vindication and a burden. I found out that while I am not especially frail or sensitive, I cannot engage in the world in the way that I and others expect me to. A nebulous is/isn't. Some days the symptoms aren't bad and others I cannot stand upright. They are always present. Nausea, migraine, pain above all. But who am I to claim that some insight has emerged from a bodily error, an odd growth of tissue? Cells don't care about stories.

Saints and martyrs are often identifiable in images from the cause of their death. More than O'Connor as zealot or prophet-writer, I wanted to know about the person and sought out her biography. A woman with a routine who loved writing and peacocks. She wrote (encouraging to the sick across time and geography) that "I do what amounts to two hours of work a day and that is about as good as I ever did anyway" (O'Connor, 1979, p. 588). This was in spite of her doctor's mandate to allocate less time to writing. O'Connor at her desk, typing. In hospital, she hand-wrote scraps. Words can still accrue through a life spent indoors, a way to show you are present.

As far as my health was concerned, instead of pain being a possibility it became a certainty. After surgery, shuffling around in grubby compression socks. "Blood don't lie," writes O'Connor, and blood soaked into my ovoid bandages and dried dark (O'Connor, 1971, p. 367). Blood don't lie that carries the future already writ in the body. I take paracetamol, codeine, oxycodone, diclofenac, mefenamic acid. Interior and exterior mix. Fluid drips from the IV bag, tubes, me.

When you are well, processes occur unconsciously, invisible, spontaneous. Without observation or language. Body as "a sheet of plain glass through which the soul looks straight and clear" (Woolf, 2012, p. 4). You can make plans beyond the isolation of sickness, beyond your immediate physical self.

It takes months to heal from my laparoscopic surgery. I watch the light in my room change from yellow to blue-grey in the day's decline. The sites of incision shrink and fade but do not disappear.

Sickness turns scrutiny on what is positioned as the norm. Everything contains the seed of what it is not. Good is only possible with evil and vice versa. Health is only possible with sickness, otherwise what do we know about what well is? In a roundabout way it feels a little disingenuous to try to say that sickness offers valuable perspective when at times it is inarticulable suffering. Sickness might be an aporia, rather than a binary opposite. No one lives in that "kingdom of the well" forever (Sontag, 1978, p. 3).

Body as an axis of family in time

In O'Connor's short story "A View of the Woods", Old Fortune, a landowner, lives with his family. He occasionally sells off plots of land because he knows it enrages his son-in-law. Fortune's favourite granddaughter, Mary Fortune Pitts, is often beaten by her father and will not fight back. Old Fortune does nothing to stop it. As he says, he's "an old man with a heart condition ... I can't stop an ox" (O'Connor, 1971, p. 344). He thinks cowardice is her one bad trait; that in every other way, she takes after him.

Fortune and Mary look alike. He takes pride in their resemblance and thinks fondly of her as being "thoroughly of his clay" (O'Connor, 1971, p. 338). For Fortune, looking into Mary's

eyes is seeing his own reflected back at him, as “pale identical eye looked into pale identical eye” (O'Connor, 1971, p. 355). When he decides to sell off the plot of land in front of the house, Mary rails against it. She says it's where her daddy grazes his calves. It's the plot with a view of the woods. Fortune decides to beat her. She fights back. He bludgeons her to death and has a heart attack. His final vision – his moment of revelation – is the earthmover gorging itself on the clay of the land.

The story ends in violence, in bodily failure that produces a shift in perspective. It doesn't change what is known but how what is known is perceived. For Fortune, this is a vision of the plot of land in contention. His understanding of cowardice and culpability. The trees are animated, awash in red light. His final staggering imagination is of this land that he tried to leverage.

O'Connor's point is that we can't avoid the inevitable. Old Fortune and Mary carry the same traits in their related bodies, though at the end it is Fortune who is a coward, not Mary. His heart attack is the rupture of the body; the body that is part those before and those after us. It is the link to other people and the vehicle for our failures.

The prevalence of the sick body in O'Connor's fiction presents sickness as an expression of family history, an unavoidable factor of living. Asbury contracts undulant fever from drinking unpasteurised milk in defiance of his mother in “The Enduring Chill”, and the protagonists of “A View of the Woods” and “The Lane Shall Enter First” attempt to rectify their own flaws that they perceive in members of their family. Greed, pridefulness. Violence and sickness as bodily rupture are linked inextricably to family. Family resemblance is highlighted in all these stories, focusing on similarities in the eyes. Sickness is made normal rather than other, and more likely over time, brought on by our own inherent weakness.

O'Connor's stories take place in largely domestic settings, with family supporting but also constraining. The author would be deeply familiar with this context: as an adult woman, unable to care for herself, she moved back into her mother's house until the time of her death. I wonder how much of Asbury's prickly relationship with his mother is reflective of O'Connor's with hers – how much is real or imagined. “On the point of death, he found himself existing in a state of illumination that was totally out of keeping with the kind of talk he had to listen to from his mother” (O'Connor, 1971, p. 367).

One's own body may not be one's own. I got a phone call from my stepfather saying that a growth from my mother's throat had been biopsied and that she had cancer, the same kind her father had died from. Body, family, repeat. We give and receive care alternately. Something should have changed with the knowledge. My living room was exactly the same before and after the call. Nothing seemed to have happened except words being spoken. I now tick boxes about family history.

During my mother's cancer treatment, I visited her interstate. While she was in the radiotherapy machine, a doctor asked me how she was coping. I felt like a child playing at adulthood in that moment of reversal. Being treated for the same cancer that her father died from was, understandably, having a profound effect on her. At the end of her treatment, first on the powerful opioid fentanyl and then withdrawing from it, she could be very cruel. Resentful of both her own frailty and the care that was given. I wonder if this is also my path. She and I are physically very similar. Same height, shoe size, similar uterine dysfunction. What else is replicated?

After her radiation treatment, the vision in one of her eyes deteriorated. She got new glasses and said that it is only since seeing things through them that she realised how big her dog is. Damage changes vision. Six months after the radiotherapy finished she was diagnosed with post-traumatic stress disorder. This does not fit in with an inspirational or transformative narrative of sickness. It lingers and does not resolve.

Arthur W Frank writes (on) illness memoir. He notes that the fashioning of a story from his experience changes how he now remembers it (2017, p. 4). Storytelling forms part of the process of healing, an amelioration of the loss of control felt during illness or treatment (Frank, 2017, p. 6). In the context of relating others' stories of illness, he argues that this communication amplifies and connects, that it is "an act of service" (Frank, 2017, p. 6). For me, this interaction with O'Connor's work salves. It demonstrates not just that O'Connor wrote while living with profound sickness, but also that she wrote in a way that was enduring precisely because the failure of the body is embedded in her work at the level of story, metaphor and simile.

While writing about sickness is helpful in untangling the skein of interrupted life expectations – after the sick person's relationship to time is changed, as Carel discusses – an integral part of this articulation is acknowledging the return and repeat, the inevitability of suffering inherent to chronic illness (Carel, 2014, p. 29). Sometimes this repetition is living out the sickness of those who have gone before us, as in O'Connor's family and mine.

The link between sickness and family in time is best reflected in "The Enduring Chill", a rare O'Connor story in that it doesn't end in death or violence. It mirrors O'Connor's train trip back to her family home; Asbury takes the same journey. He's convinced he's come home to die, hair receding, "puffy and pale" (O'Connor, 1971, p. 357). O'Connor was in the same shape, inflamed.

"The Enduring Chill" is O'Connor's clearest reflection on creativity and writing as work, or at least of the spurious nature of writing as a kind of working. As she wrote in a letter, she was "confined to these two rooms and the porch so far and ain't allowed to wash the dishes. I guess that is exerting yourself where writing is officially not" (O'Connor, 1979, p. 588). Asbury's sickroom daze is reminiscent of Woolf's reflections in *On Being Ill* – it changes his perspective, makes the familiar strange and ominous. He studies the stain on his bedroom wall that grows in significance. The story is tightly coiled, its outcome unavoidable. Like the inevitability of the failure of the body, our flaws become our fate.

Asbury thinks his dramatic death to be the last "gift from life" but he is bedridden with a sickness that ebbs though it does not dissipate (O'Connor, 1971, p. 370). He wants his mother to read the letter he has written her after he dies, showing her that his failure as a writer is all her fault. The letter is intended to "leave her with an enduring chill and perhaps in time lead her to see herself as she was" (O'Connor, 1971, p. 365). His resented mother hopes that he has been working on a long novel, given the age that he has reached without publishing.

His sister sees him for what he is. Like Sontag's reflection on the romanticism of tuberculosis, she thinks that if he cannot be a writer, he might as well be sick. As an author with a chronic illness, O'Connor shows us that she is able to occupy and reproduce the guilt of the sick and the suspicion of the well.

“Asbury can't write so he gets sick. He's going to be an invalid instead of an artist. Do you know what he needs?”

“No,” his mother said.

“Two or three shock treatments.” (O'Connor, 1971, p. 373)

The local doctor discovers Asbury has undulant fever. He won't die but will live the rest of his life as a sick man. He has contracted it from drinking unpasteurised milk, which he did in order to look rebellious in front of his mother's farmhands. They told him that is a particular thing she doesn't allow. The Holy Spirit descends on Asbury in the closing lines after the revelation that his sickness is his own fault. He sees that “for the rest of his days, frail, racked, but enduring, he would live in the face of a purifying terror” (O'Connor, 1971, p. 382).

According to O'Connor, this ending is not Asbury being saved by the Holy Spirit, but the beginning of the humility that is a prerequisite for that condition (1979, p. 261). His fate is the best or worst of O'Connor's characters, depending on your view. He sees the Holy Spirit as the stain on the wall, “directly over his bed on the ceiling, another leak had made a fierce bird with spread wings ... It had always been there since his childhood and had always irritated him” (O'Connor, 1971, p. 365). He sees it descending, the purifying terror – he will be sick, on and off, for as long as he lives. It's not a new threat. The bird, the potential, has been there his whole life. Motionless present.

O'Connor may not have counted herself a writer of sickness but her Catholicism wasn't the only thing that motivated her writing or that gives us a cipher to interpret it. That's O'Connor the prophet, not a fair way to characterise a whole person. She had one eye on the heavens and another on the people inside the house. Hers is a world full of dead parents, physical infirmity, pride and repetition.

Light doesn't pass through glass unchanged. The body can't help but to filter experience. To pretend otherwise is vain; to believe that ideas are of such brilliance that they can impress themselves directly on the page.

O'Connor thought that her treatments changed how she wrote, enlivened by cortisone. She was reliant on medication and blood transfusions and this resentment made its way into her fiction, sometimes with very little change in tone from her letters to friends. “She could drag him off to the hospital and fill him full of blood and prolong his misery for days” (O'Connor, 1971, p. 377). In the two hours of writing a day she stated she was capable of, O'Connor produced the kind of work that served her God and her posterity. In the afternoons she watched her peachickens.

When my pain returns it's familiar and I cannot imagine being without it. It declares that what I feel now is how I have always felt, will always feel. Pain does not only obliterate language; it collapses time. I don't know how chronic illness will affect me in one year, nor the rest of my life. What there is in my body that may exist in others.

The last thing that Flannery O'Connor wrote was an unfinished message to Maryat Lee, a close friend and one of her most frequent correspondents, who had been receiving strange phone calls:

“Dont [sic] take any romantic attitude toward that call. Be properly scared and go on doing what you have to do, but take the necessary precautions ... Dont [sic] know when I'll send those stories. I've felt too bad to type them.” (O'Connor, 1979, p. 596)

This is the level we operate on, most of the time. It's impossible to live in concepts and ideals. What stories are, what fiction gives us, is another way to communicate something that is not easy to say, approaching unsayable things another way.

And you can tell them something about the cold of the room, the shape of the trees, how in feverish sickness a vision coalesced into a moment of clarity. But most of life is waiting and distance and we fill in the space with words.

This is the kindness of her work, work that otherwise may appear cold and violent: that everyone is sick, has been or will be. It's not that life is not a battle between God and Satan, between pride and salvation. For O'Connor it was. But at the same time it's just stories about family, about duty and manners and power struggles. The fiction draws from her life in its narrowed scope and turns the focus on what matters. Where we've come from, how we choose to act, the inevitability of the failure of the body. This insistence breaks down binaries, the source of anxiety surrounding the sick: that we represent the fragility of wellness.

Before her death, O'Connor's letters took a turn towards the plaintive, encouraging visits, soliciting prayers. A tone of fear, of tiredness: “Prayers requested ... I am sick of being sick” (O'Connor, 1979, p. 581). It is a familiar refrain for the chronically ill. O'Connor had a hysterectomy that caused a lupus flare, after which she passed.

I thought about how things would be if my mother did die of her cancer, the same as her father had when she was my age. At some point I would still get up in the morning and make a coffee. Everything and nothing changes. Sapped by routine. A blank when I try to think about what my genetic predisposition is to the same thing. But the disruptions are part of it, too. Sickness as normal.

A palimpsest of impressions. I can record what pain is like when I am in it. Vanity and pride are undone when the self is also an object from which we cannot escape. So even this is a record. Memory of pain, fear of pain, the thing itself. Where it comes from and where it might go. No illness, and no health, merely the collusion of sensations at the meeting of body and time.

Here I have tried to acknowledge authorial bodies, the web of context from which they arise. A person is an expression of community in time. We are never merely ourselves. Following after O'Connor's fiction, I have explored in nonfiction what effect the rupture of the body has on writing, while incorporating Quayson's categories of disability as irreducible insight and disability as normality. No matter how bad it is, I eventually get up. O'Connor's stories culminate in revelation through violence or failure of the body that leads to new ways of seeing. Flannery O'Connor lived her father's sickness. I live my mother's, who lived her father's, who lived his, all the way back to the start.

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