Articulating the Terror of Obstetric Violence in Carmen María Machado's "The Husband Stitch"



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EVER since I read Charlotte Perkins Gilman "The Yellow Wallpaper" (1892) as an undergraduate student of English literature, I have been attracted to representations of the interactions of vulnerable bodies with what I call "the medical establishment" by which I mean state sanctioned clinical practice, that which follows mainstream discourse and does not consider other understandings of health but the Western one. Gilman's text firmly aligns with this examination of mainstream medicine through the lens of literature, since the author depicts a "resting cure" popularized by Silas Weir Mitchell, a famous physician at the time, which consisted in enforced seclusion and bed rest for patients diagnosed with nervous conditions such as hysteria or neurasthenia. Perkins Gilman herself had been subjected to this cure, which she believed damaging and, in an effort to warn against its dangers, she denounced the extremely oppressive and confining prescriptions patients were forced to follow. In "The Yellow Wallpaper," said prescriptions involve extreme confinement and prohibition of almost any social interaction or mental exercise, which seem to drive the protagonist to madness rather than to cure her, and the narration masterfully reflects the increasing claustrophobia and loss of touch with reality provoking an increasing unease in the reader that may well end in terror.

Although the protagonist's progressive illness is disquieting on its own, I argue that a good part of the terror that Gilman's story provokes in the reader emanates from the fact that the protagonist's husband, who is also a doctor, is the one who takes the role of care giver and enforces the limiting "resting" cure. Thus, the narrator is doubly betrayed, first by the medical establishment that pathologizes her disinterest in the domestic as a nervous condition, and second, by her husband, who prioritizes medical prescription over his partner's explicit desires.

The protagonist's betrayal by those who should have her best interests at heart may seem outdated by contemporary Western standards; after all, we live in a time where feminism has drastically changed the power dynamics of marriages and the medical institutions securely stand on scientific grounds that should not allow for abuses of power. Although the forced vulnerability of Gilman's protagonist is evocative and vaguely terrifying for a contemporary female reader, that terror should be far removed from our personal experience. However, contemporary women's writing is still very much concerned with how gender bias and

misogyny infiltrate clinical practice to the detriment of female patients: many recently published memoirs of sickness such us Abby Norman's *Ask Me About My Uterus* (2018), Sonya Huber's *Pain Woman Takes Your Keys, and Other Essays from a Nervous System* (2017) or Porochista Khakpour's *Sick: A Memoir* (2018) certainly express the many frustrations and potential pitfalls of navigating the medical system as a woman. Although these memoirs deal explicitly with the encounters of female embodiment and the medical establishment, it is again a short story—Carmen María Machado's "The Husband Stitch"—which talks back to "The Yellow Wallpaper" by covering the protagonist's medical experience with a layer of terror, highlighting the betrayal of a medical establishment that is depicted as caring more for gender performativity than the wellbeing of the patient, and a husband whose obsession with taking ownership of his wife's body leads to doom.

In "The Husband Stitch," published in her debut collection Her Body and Other Parties, Carmen María Machado evokes the potential dangers of the intimacy of marriage and the embodied vulnerability of giving birth and weaves a fabric of terror that speaks to its contemporary reader in the same way The Yellow Wallpaper does: addressing through figurative language and literary representation a fear well rooted in the readers' close reality. Ann Radcliffe's definition of terror as a feeling that expands the soul and awakens the faculties to a high degree of life" (150) accompanied by "uncertainty and obscurity" (151), which is the vehicle to the sublime in its capacity to evoke danger and excite the imagination seems poignantly close to what Machado accomplishes in her writing: by highlighting the implicit threat in the commonplace, her text forces the reader to reimagine said threats upon the everyday that lies outside the pages of the book, very different from the experience of horror, described by Radcliffe as a cheaper version of the emotion, its "effect, though sudden and strong, is also transient" (150). In Laura Kremmel's comprehensive chapter on Medical Horror in the new Palgrave Handbook to Horror Literature, the author considers this type of literature to "provoke the fear associated with the human body and mind's vulnerabilities" (313). However, she points out that it is not only the "fears of the body as a threat to itself" that this subgenre draws from, but also and more prominently, "the fears of the larger medical institutions and authorities that claim absolute power over the body in their promise to care for and cure it" (314). That this promise goes unfulfilled is implicit, and thus "healing becomes exploitation, experimentation, and terrorization for a goal that circumvents the benefit of the individual patient" (314). This is what happens both in "The Yellow Wallpaper" and "The Husband Stitch," where the medical establishment takes ownership of the female body and pathologizes what is seen as a failure to acquiesce with normative gender performance within the bounds of marriage, disregarding women's explicit decisions regarding their bodies' performances and medicalizing dissent.

In her Survey of Medical Horror Kremmel distinguishes between horror of "what can happen to the body (injury, illness, or death) and horror of what can be done to treat the body" (315), and I argue that is in this latter category, that the terror of the medical experience emerges from. The very real potential vulnerability to an implicit threat that the reader feels very close to their experience resonates with Radcliffe's understanding of terror, rather than horror, and although Kremmel does not stop to make a distinction between the two, her nuanced commentary regarding the imaginative potential of the immediate experience to instill fear in the reader, certainly aligns her vision with what Radcliffe wrote about. According to Kremmel, medical terrors that promise "an inherent relevance and imminence ... The familiarity of medical spaces and the fears that already reside in them make patients, even potential patients, vulnerable to a medical manifestation of horror tropes" (323). In the case of Machado's short story, it is the familiar terror of obstetric violence that provokes the reader. In a complex and nuanced short story, the author evokes the absolute vulnerability in the most intimate of physical spaces and the potential for damage it posits when we are faced with an unscrupulous clinician.

Machado's protagonist claims at the beginning of her tale that "[e]veryone knows these stories—that is, everyone tells them, even if they don't know them—but no one ever believes them" (5). That certainly seems to be the case with the husband stitch (the procedure, not the story); as Jane Dykema states in a much-read article in *Electric Literature*, a quick internet search of the term will demonstrate that there is "no entry in Wikipedia, nothing in WebMD. Instead there are pages and pages of message board entries and forum discussions on pregnancy websites." The existence of this procedure is rarely acknowledged by medical professionals, as seen by the absence of studies or official records. Consisting of an extra stitch given after a vaginal birth to tighten the vagina of the patient after there has been either a natural tear or an episiotomy, its objective is the increased sexual pleasure of a male partner and often carries with it the accompanying pain of the patient. Despite the lack of records, as Carrie Murphy states in another article on the topic, this time in the site Healthline, "the proof is in women's words. Or sometimes, it's sewn into their bodies." The thousands of personal testimonies that seem to have been unearthed after the publication of the story by Machado give testament to that: the husband stitch is not a myth, but an unrecorded, unofficial and unsanctioned medical practice where stereotyped gender performativity takes precedence over the well-being of the patient. In Machado's story, it is the protagonist's husband who asks the doctor while she is under the haze of a powerful sedative: "How much to get that extra stitch?" . . . "You offer that, right?" (16). And despite the patient's lack of explicit consent, or ability to consent at all, since she is under sedation, she is given the extra stitch rumored to recreate a tightness comparable to that of a virgin.

When she wakes up, the protagonist is "all sewn up" "Nice and tight, everyone's happy . . . You're going to need to rest for a while" (17), she is told by the doctor.

In her harrowing memoir about dealing with endometriosis, Abby Norman expresses her frustration with her doctors, who repeatedly dismiss her statements that she is absolutely decided to sacrifice her fertility if it will alleviate her pain:

I can only assume that doctors don't feel comfortable taking a woman's word for it when she says she's not concerned about her fertility . . . I was slowly figuring out that not only was my pain going to be disbelieved, but it was never going to take precedence. (Norman, Kindle Position 690-693)

Precedence, in this case, over fertility, or over her partner's sexual pleasure, as is the case in Machado's story. Both Norman and Machado highlight in their writing instances were the medical establishment fails to make the female body the interested party. In Norman's experience, as well as in Machado's story, the performativity of the female body in accordance to stereotypical gender norms, as a mother or as a lover, takes precedence over the patient's expressed desires. Women's agency is overruled by the doctors' perception of what her body ought to do.

The enforced silence of women's voices is another topic that Machado addresses in her powerful story. In stage directions, the reader is introduced to the narrator by being told that her voice should be performed "as a child, high-pitched, forgettable; as a woman, the same. . . ALL OTHER WOMEN: interchangeable with my own" (3). Intermingled with the protagonist's life story, Machado weaves a fabric of open-ended old wives' tales, urban legends and folktales in which women are punished for behaving outside the norm: "I have heard all of the stories about girls like me, and I am unafraid to make more of them" (7), claims the narrator as a young woman discovering sex with her future husband. However, as in the classic horror stories that we find in the text, sins have punishments in Machado's story. In "The Husband Stitch," which is a rewriting of the classic horror tale "The Green Ribbon," known by most in Alvin Schwartz's retelling in the young readers' collection In a Dark, Dark Room and Other Scary Stories, the husband is increasingly insistent and aggressive in his attempt to uncover the mystery of the green ribbon worn by his wife. Although we are first presented with an idyllic picture of the couple's story, where they seem to fall passionately in love, their courtship, marriage and life together is marred by the husband's continuous attempts to untangle the ribbon that his wife wears around her neck. His greed in wanting to take complete ownership and control of his wife's body against her will, first by asking the doctor for the extra stitch, then by unraveling the ribbon, is punished with the horror of a decapitated head at the end of the story. For the unnamed narrator, who has freely rejoiced

herself in her lust, the punishment is death. As Lorna Piatti-Farnell explains in her review of children's fairytales, "bodily violence constructs the apogee of the educational lesson in the story and is seemingly justified by the receivers' previous ill conduct and greed" (99). In this case, the female protagonist's enjoyment of her lust is punished twice, first by the extra stitch, who reportedly may cause severe pain for the woman when attempting penetration, and secondly by her death at the hands of her untrusting husband, whose greed brings doom to the couple.

In conclusion, "The Husband Stitch" weaves several threads of terror by introducing storytelling as a powerful force that shapes our lives. Fantasy mediates uncertainty and allows Machado to recreate the embodied terror and intimate betrayal of obstetric violence by rewriting the threatening half whispered rumors of not consensual postpartum intervention into a gory children's story of beheading. She creates a tale where the perpetrator of such violence is not an unnamed monster but "not a bad man at all. To describe him as evil or wicked or corrupted would be a deep disservice to him" (30). "He is not a bad man, and that, I realize suddenly, is the root of my hurt," (30) the narrator says in the moments before her death. The terror of this story that we would prefer not to believe emerges from the frivolity with which the protagonist's agency over her own body is overruled by husband and doctor, otherwise caring and functional men, normal men. Casual misogyny and how it infiltrates every layer of reality, even those we believe are protected behind the walls of scientific objectivity, is the terror of this story.

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