

# Transition

## My surgeries were a bridge across realities, a spirit customizing its vessel to reflect its nature.

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*“However, to be ogbanje is to be categorized other and to bring alterity home in a way that transcends the more ordinary bifurcated ‘otherness’ of gender. We could even speculate that ogbanje children fall under a third category of gender, of human-looking spirit. This gender is marked from birth—as male and female statuses are marked—by special behaviors towards and physical adornment of the child. The sexual appearance of the ogbanje may, indeed, be seen as a sham—yet another promise that the ogbanje is likely to break in its refusal to act according to human norms.”*

— Misty Bastian, “Irregular Visitors: Narratives about Ogbanje (Spirit Children) in Southern Nigerian Popular Writing.”

The robot was called a da Vinci.

It was delicate, precise, inserted through my navel to slice my uterus and fallopian tubes into small unimportant pieces, which were then suctioned out of my body. The procedure had a technical name that filled my mouth — a robotic-assisted subtotal hysterectomy with a bilateral salpingectomy. I had to repeat this about seven times on the day of my surgery, as nurses came in with forms clarifying that I knew what I was getting, but I didn’t mind. I’d waited years for this surgery. In another life, I’d trained to be a surgeon myself, dissecting cadavers and cutting through layers of dermis and fascia and muscle with a ten-blade. But in this one, I was 28 and cold, my numb skin wrapped in a hospital gown as nurses draped warmed blankets over me. Still, anticipation rang clear chimes. I couldn’t wait for when they’d wheel me out of that operating room, finally sterile.

It had been five years since I figured out I was transgender, after falling into a vibrant queer scene in Brooklyn that showed me so many more ways to be than I’d ever known. I moved there from Massachusetts, leaving behind scalpels and skinned horses dangling from a warehouse ceiling at a veterinary school, coming to reddened cabaret nights and play parties and a brief stint as a drag king. With a new world wrapping around me, the discomfort that had been spreading sour and

wrong through my body for ages finally had a name — gender dysphoria. It came with a sort of relief: If I knew what it was, I knew what I could do about it.

## The discomfort that had been spreading sour and wrong through my body for ages finally had a name — gender dysphoria.

My best friend Rachel flew into upstate New York for the hysterectomy. After the excision, she unfolded a cot in my hospital room while I ordered waffles from room service. When the nurses came in, they tried to get me to stand up, but the pain was a riptide dragging me under. I swayed, nearly collapsing, so they eased me back into bed and upped my pain meds. I caught my breath as Rachel and I exchanged alarmed looks, her hand warm around mine.

“I didn’t think it would be this bad,” I managed to say.

“Me either,” she replied.

The nurse gave us a brief but incredulous look. “You got an entire organ removed from your body,” she pointed out. “It’s kind of a major surgery.”

I made it out of bed a few hours later, walking in slow motion around the hospital floor with my IV stand rolling beside me, my palm scraping against the walls and the nurse at my elbow. The next day, Rachel drove me home to my attic apartment. Most of my early recovery was spent there, in a wingback recliner the color of wet moss. It had a wooden handle on the side that opened the back hinge and made the foothold pop up with a creaky jerk, stretching the chair out. I slept in it for a week because I had difficulty standing up or bending into narrow angles, and my bed was too close to the floor. I was full of stitches and hydrocodone, and my guts had been rearranged.

It wasn’t my first mutilation, but it was one of my best.

An *ogbanje* is an Igbo spirit that’s born into a human body, a kind of malevolent trickster, whose goal is to torment the human mother by dying unexpectedly only to return in the next child and do it all over again. They come and go. They are never really here — if you are a thing that was born to die, you are a dead thing even while you live. Igbo ontology explains that everyone is in a cycle of reincarnation anyway — you are your ancestor, you will become an ancestor, the loop will keep looping within the lineage. *Ogbanje*, however, are intruders in this cycle, unwelcome deviations. They do not come from the lineage; they come from nowhere. As such, it’s important for

an *ogbanje* never to reproduce: if it did, it would contribute to the lineage, and when it died, its spirit would join those of the humans, participating in their reincarnation loop.

Removing a uterus is an efficient way to make sure this never happens.

While my gender had asserted itself in different ways since my childhood, one of its strongest features was always a violent aversion toward reproduction, toward having a body that was marked by its reproductive potential — a uterus to carry children, full breasts to feed them with. My first surgery was an outpatient procedure two years after I moved to Brooklyn, a breast reduction: some fat removed from my chest, some glands, some skin, nothing much. It required a letter from my therapist to prove that I was sane.

“I’ve never heard of anyone like this,” the surgeon told me.

He was an old white man who had performed many surgeries on trans patients, from breast augmentations to double mastectomies. “Male to female, female to male, fine. But this in-between thing?”

**I’ve never heard of anyone like this,” the surgeon told me. “Male to female, female to male, fine. But this in-between thing?”**

I ground my teeth into a smile and handed him my letter, along with printed images of the chest I wanted. It was one that felt right for me, one that wouldn’t move much, wouldn’t sway with pendulous wrongness or leave me gasping shallow breaths because my ribs were encased in the flattening black of a chest binder every day. I paid his office \$10,000 skimmed from my student loans and tried not to be angry at the hoops I had to jump through. If I’d asked for an augmentation, it would’ve been fine, but wanting smaller breasts in the absence of back pain was considered ridiculous enough to require a therapist’s approval. During my post-op visit, the surgeon complained that he’d never had to spend as much time in consultation with a patient as he had with me. We’d spent maybe 30 minutes together over a few appointments.

My scars hypertrophied, leaving shiny brown keloids and flat glossy rivers on my chest. Sometimes, when I felt like I wasn’t trans enough, I’d look at them to remind myself that I’d chosen to modify my body and even though dysphoria and surgery aren’t prerequisites for being trans, the scars still served as a grounding reflection of my own certainty. I wasn’t sure then what I was transitioning my body to, but I was clear that the gender I’d been raised as was inaccurate — I’d never been a woman.

After that first surgery, my depression lifted significantly. It was a connection I hadn't made before, how my dysphoria was affecting my mental health — the suicide attempt I'd survived just four months before the surgery. The choice to finally modify my body felt like a big deal in large part because other people treated it that way. Their alarm was almost infectious, but I was the one who had to live in this body; I was the one who suffered in it. The reduction was simply a necessary procedure, something that helped pull me away from wanting to die, something that made living a little easier.

Still, there was a deep sense of transgression about what I was doing that I couldn't shake, especially as a Nigerian. It was too easy to tune into our communities and hear the voices heavy with disgust, saying that what I had done was disfiguring, that God had made me one way for a reason and I had no right to say or do otherwise, that I was mutilating myself. There was an ideal my body was supposed to conform to, and I was deviating from it by having surgery. I was rejecting it as a center and choosing something else: a world where the deviation itself was the ideal. I chose it readily. I've never minded being a mutilated thing.

If *ogbanje* represent an overlapping of realities — a spirit who looks incredibly convincing as a human, then what does it look like for one to experience gender dysphoria and take surgical steps to resolve that? Our language around gender identity is often so Western, how can we intersect that with non-Western realities? For example, is there a term for the dysphoria experienced by spirits who find themselves embodied in human form? It was inevitable that I'd be drawn to these overlaps, since I live there, inhabiting simultaneous realities that are usually considered mutually exclusive.

The possibility that I was an *ogbanje* occurred to me around the same time I realized I was trans, but it took me a while to collide the two worlds. I suppressed the former for a few years because most of my education had been in the sciences and all of it was Westernized — it was difficult for me to consider an Igbo spiritual world equally, if not more valid. The legacy of colonialism had always taught us that such a world wasn't real, that it was nothing but juju and superstition. When I finally accepted its validity, I revisited what that could mean for my gender. Did *ogbanje* even have a gender to begin with? Gender is, after all, such a human thing.

However, being trans means being any gender different from the one assigned to you at birth. Whether *ogbanje* are a gender themselves or without gender didn't really matter, it still counts as a distinct category, so maybe my transition wasn't located within human categories at all. Instead, the

surgeries were a bridge across realities, a movement from being assigned female to assigning myself as *ogbanje*; a spirit customizing its vessel to reflect its nature.

It is considerably difficult to convince a doctor to remove an uninjured organ, even if your wholeness depends on its absence, especially if that organ is a reproductive one and they think you're a woman.

I didn't have a letter for my uterus — it was too difficult to find a therapist who had experience with nonbinary trans patients and I didn't have any money. But I thought perhaps I could save up for it one day, so I made appointments with a few gynecologists to discuss my options. I chose not to disclose my gender (or lack thereof), but instead expressed my desire for the surgery as an elective choice, only because I didn't want children. The doctors received me with resistance and thin contempt.

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“What if you change your mind?” they asked me, in exam room after exam room, metal and glass and white coats all blurring into a single closed door. I had a thousand comebacks but I bit them all back because these people had what I needed — gloved hands to cut me open and toss my uterus into the bright plastic of biological waste, or wherever unwanted organs end up. My dysphoria had built a tight knot of a home in my body, since I had no idea how I was going to afford another surgery or, at this rate, even find a doctor willing to perform it. It wasn't as severe as before my first surgery, but it was still there — a reminder so red it was almost black, showing up every month. I couldn't rest easy knowing there was even a chance I could get pregnant, so I tried an IUD. When they inserted it, I screamed from the pain, the excruciating wrongness of something passing through my cervix. In the months afterward, I bled too heavily, through ultra tampons and overnight pads, flooding menstrual cups. Eventually, an ultrasound showed that the IUD was out of position, so they had to remove it. It felt like my body had spat it out, a reminder that nothing short of an excision would suffice.

I'd left Brooklyn and moved upstate by then, to the attic apartment with the moss green recliner. Occasionally, I would have bouts of searing pelvic pain that trapped me in bed for hours. A few weeks into my second winter there, I went to see a urogynecologist, thinking there was something wrong with my bladder. It took the entire afternoon to run tests; then he called me into his office to

tell me there was an 84 percent chance I had endometriosis. “We could put you on birth control,” he suggested. I refused.

“Why not?” he asked, and just like that, the air in his office stopped moving. I could feel my nerves jangling, the familiar taste of the moment right before each and every disclosure like a sharp film over my tongue.

It’s easier when I’m alone. My friends and family know I’m not a woman — I’ve told them — but some continue to think of me as one anyway. I ignore it because sometimes it’s easier to not fight, to accept the isolation of being unseen as a safe place. I exist separate from the inaccurate concept of gender as a binary; without the stricture of those categories, I don’t even have to think about my gender. Alone, there’s just me, and I see myself clearly.

Speaking to other people, though, requires channeling who or what I am into language they can understand. “I’m trans,” I explained. “And I’ve had a breast reduction, so hormones would reverse that.”

The doctor nodded while my stomach churned. “I’ve had a few trans patients,” he said. “We could do a hysterectomy, if that’s something you’d want. Your insurance would cover it.”

I stared at him, hope and disbelief numbing my hands. I’d been terrified that he was going to say something transphobic, that I’d have to deal with the violence of that tearing through my skin, a bullet I hadn’t scheduled when I showed up there that afternoon. Instead, when I left his office, I had a surgery date only two weeks away.

He renovated my navel during the hysterectomy, unfolding it and then tucking it back into my abdomen in its new configuration. At my post-op appointment, he called the nurse over to brag about how well it had healed. There were only two small scars, each barely a centimeter long, at the top and bottom of my new navel. I called my mother a week or two after the surgery and told her what I’d done, even though I knew she wouldn’t understand. She sighed with the resignation of a mother who has tried to stop her child before and failed. “Could you *try* not to cut off any more parts of your body?” she said, and I laughed so hard my stitches hurt.

I flew to her house for Christmas a few days later, attendants pushing me around both airports in a wheelchair, weak but giddy. The rest of my recovery was uneventful. After 17 years and approximately 200 periods, I slipped easily into my new and bloodless life.

There is a vivid history of mutilation with *ogbanje*: a dead one can be cut, scarred to prevent it from returning undetected. *Ogbanje* are also a cohort, they separate from each other when they get born, but they return to the cohort when they die. I like to think that there is a form of shared or generational memory within that; being dead or mutilated are not unfamiliar things to any of us, we're not afraid of either.

It has been grueling to remake myself each time I learn more about who or what I am — to take the steps that such remaking requires, to bear the costs. Sometimes, those costs are worn on your heart, like when the people you love no longer have space in their worldview for you. Other times, it's the body that bears them, in markings and modifications. By now, I've come to think of mutilation as a shift from wrongness to alignment, and of scars as a form of adornment that celebrates this shift. The keloids on my chest and the small lines spilling out of my navel function as reminders — that even when it meant stepping out of one reality to be swallowed by another, I kept choosing to move toward myself.