

Transition Is Not a Costume

Public Education and Media Packet

Jona Citrus Thyng

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Full First Person Essay

People sometimes talk about transgender women as though transition were an elaborate change of clothes.

Put on a dress. Grow your hair. Learn makeup. Change your name. Walk into the women's restroom.

From the outside, I understand why people notice those things. They are visible.

They are not what happened to me.

What happened to me was much harder to photograph.

I could feel my heart again.

For the first time since I was a child, before puberty, I could feel it.

During the extraordinary period in which my hormonal life was changing after orchiectomy and as I began living on estrogen, I woke up one morning and cried.

Nothing terrible had happened. I was not grieving.

I was happy.

Not politely happy. Not "yesterday was a good day" happy.

Uncontainable, unrestricted joy.

I loved the world again. I loved myself. I loved my body. I looked forward to each new day and the possibilities waiting inside it.

For much of my life, living had felt like trench warfare. You keep your head down. You survive today. Then you survive tomorrow. Eventually you become so accustomed to surviving that you can forget life was ever supposed to be something you could enjoy.

Then something changed.

The best way I know how to describe it is this:

I could see in color again.

Not literally. The trees did not become greener because somebody adjusted the settings on my eyes. The color was inside me. Something I remembered from childhood—the immediacy of being alive, of feeling connected to myself rather than merely operating myself—had returned.

I was home.

I was me.

There is an important boundary around that statement. I cannot tell you which molecule produced which emotion. Orchiectomy changed my gonadal hormone production. Estrogen changed my endocrine environment. Transition changed my relationship with my body. Relief from dysphoria, expectation, recovery, relationships, stress and countless other parts of life can affect subjective experience too.

My story cannot establish a universal biological rule, and I will not pretend it does.

Other transgender people may experience transition very differently. Some do not want hormones. Some do not want surgery. Some want both. Some are nonbinary. Some discover that transition is not right for them. Individualized, competent care matters precisely because human beings are not interchangeable.

I can tell you what happened to me.

And what happened to me taught me why so much of the public conversation about transgender people misses the point.

You were looking at our clothes.

We were trying to tell you about our lives.

The Part You Cannot See

For someone who has never experienced gender dysphoria, transition can be difficult to understand because the visible parts are the easiest parts to mistake for the whole.

Clothing is visible. Makeup is visible. Hair is visible. Breasts are visible. Surgery can be described. A changed name appears on a form.

Congruence is invisible.

Most people do not wake each morning and consciously celebrate the fact that their body, social identity and sense of self broadly fit together. When something fits, you may barely notice the fit.

You notice the shoe when it hurts.

I do not expect a cisgender reader to reproduce my experience in imagination. I could not have adequately described the relief I eventually felt before I experienced it myself.

I am asking for something simpler: believe that another human being can experience something profound that you have never experienced.

Transition, for me, was not learning to perform femininity. It was discovering how much energy I had spent performing a life that did not feel like mine.

That distinction matters.

Drag is an art form. Clothing can be joyful. Makeup can be expressive. None of those things is an explanation for why I transitioned.

I did not change my endocrine environment because I wanted to win a fashion show.

I wanted to live.

What Science Can and Cannot Say About My Story

My testimony is one data point: me.

Population research asks a different question. Systematic reviews of gender-affirming hormone therapy have generally found associations with reduced depressive symptoms and psychological distress, and some studies report reduced gender dysphoria or improved quality of life. The evidence is not perfect. Many studies are observational, sample sizes can be small, and confounding makes simple causal claims difficult.

That uncertainty is not a reason to replace evidence with ideology in either direction. It is a reason to do better research.

A prospective controlled study published in 2021, for example, found reduced gender dysphoria during the first six months of both masculinizing and feminizing hormone therapy. It did not find significant quality-of-life changes in the feminizing group during that short follow-up. A 2023 systematic review found gender-affirming hormone therapy was consistently associated with reductions in depressive symptoms and psychological distress, while emphasizing substantial variation in study quality and limits on causal inference.

That is how I want my story understood.

Research can tell us what groups tend to report.

It cannot fully capture what that morning meant to me.

I can tell you this:

I was happy to be alive.

What Is a Woman Supposed to Look Like

Another mistake is treating transition as a visual examination.

Did she “pass”? Is her voice feminine enough? Does she have the right hips? What is under her clothes?

Those questions can matter enormously to an individual trans woman when they concern her own goals. They do not constitute a universal entrance examination for womanhood.

My transition matters to me even on a day when I wear sweatpants, skip makeup, look exhausted, or fail somebody else’s idea of femininity.

What happened inside my life does not disappear because a stranger can identify features associated with the sex I was assigned at birth.

Nor does every transgender person need the same destination.

Medicine is gradually recognizing something transgender people have always known: our goals differ. One person may want hormones and no surgery. Another may want an orchiectomy. Another may want vaginoplasty. Another may want to preserve some genital anatomy while changing other anatomy.

The humane question is not, “Why don’t all of you want the same thing?”

It is, “What would help this particular person live well?”

And Then Somehow We Arrive at Bathrooms

After all of that—the identity, dysphoria, medical decisions, vulnerability, relief, relationships and effort—it remains astonishing how often public discussion of transgender people ends at a restroom door.

I do not enter the women’s restroom to make a political statement.

Usually I have to pee.

This is not the most glamorous part of womanhood.

But bathroom policy has real consequences, so it deserves something better than jokes and fear.

A 2025 evidence review from the Williams Institute at UCLA School of Law found no evidence that allowing transgender people to use restrooms corresponding with their gender identity jeopardizes other users’ safety or privacy. Studies examining nondiscrimination policies likewise did not find significant increases in restroom safety or privacy violations or violent victimization by strangers.

The evidence does document another problem: transgender people themselves report denial of access, harassment and assault in restrooms. Data reviewed from the 2022 U.S. Transgender Survey indicated that transgender people living according to their gender identity were more likely to encounter certain negative experiences when using facilities corresponding to their sex assigned at birth rather than their gender identity.

Reasonable people can discuss privacy and facility design. More single-user and genuinely private facilities can benefit many people.

But a transgender person using a restroom is not evidence of danger.

We are people doing something spectacularly ordinary.

A Request Not a Demand for Telepathy

I do not need you to know exactly what it felt like to be me before transition.

I do not need you to know what it felt like when my hormonal environment changed.

I cannot hand you my nervous system for an afternoon.

And I do not want acceptance of transgender people to depend on whether every transgender person can produce a sufficiently dramatic story.

Human dignity is not a storytelling competition.

What I am asking is that we make room in our understanding of humanity for experiences we have not personally had.

Listen when people describe their lives.

Ask questions.

Challenge factual claims when they need challenging.

Let medicine improve.

Let researchers collect better data.

Make room for uncertainty without turning uncertainty into cruelty.

And do not confuse unfamiliarity with impossibility.

Somewhere, there is another person who believes life is simply supposed to feel like trench warfare.

Maybe that person is transgender. Maybe they are not. Maybe medical transition will eventually be part of their answer. Maybe it will not.

They deserve accurate information, competent care, time, autonomy and enough kindness to find out.

I found my way home.

I want other people to know that home is allowed to exist.

People deserve understanding.

Newspaper Length Op Ed

People sometimes talk about transgender women as though transition were an elaborate change of clothes.

Put on a dress. Learn makeup. Change your name. Walk into the women's restroom.

Those things are visible. They are not what happened to me.

What happened to me was much harder to photograph.

I could feel my heart again.

For the first time since I was a child, before puberty, I could feel it. During the period after my orchiectomy and as I began living on estrogen, I woke up one morning and cried.

I was not sad. I was overwhelmed by joy.

I loved the world again. I loved myself. I loved my body. I looked forward to tomorrow.

For much of my life, living had felt like trench warfare: survive today, then survive tomorrow, until survival itself starts to look like living.

Then the world had color again.

Not literally. The color was inside me. I felt connected to myself rather than merely operating myself.

I was home.

I was me.

I cannot tell you which molecule caused which feeling. Orchiectomy changed my gonadal hormone production. Estrogen changed my endocrine environment. Relief from dysphoria, recovery, expectation, relationships and countless other factors were happening too. My experience cannot establish a universal biological rule.

Other transgender people experience transition differently. Some do not want hormones. Some do not want surgery. Some want both. Individualized care matters because human beings are not interchangeable.

But I can tell you what happened to me.

And it taught me why the public conversation so often misses the point.

You were looking at our clothes. We were trying to tell you about our lives.

Research cannot prove my subjective experience, but it provides useful context. Systematic reviews generally find gender-affirming hormone therapy associated with reductions in depressive symptoms and psychological distress, although evidence quality varies and causal inference is limited. A prospective controlled study found reduced gender dysphoria during the first six months of feminizing hormone therapy, while finding no significant quality-of-life change in that group over the same short period.

Science is complicated. That is precisely why I refuse to turn my story into "estrogen makes everyone feel like this."

My testimony is one data point: me.

For people who have never experienced gender dysphoria, perhaps the difficulty is that congruence is invisible. Most people do not wake up marveling that their body, social identity and sense of self broadly fit together.

When something fits, you barely notice the fit.

You notice the shoe when it hurts.

Transition, for me, was not learning to perform femininity. It was discovering how much energy I had spent performing a life that did not feel like mine.

And then, somehow, public debate arrives at bathrooms.

I do not enter the women's restroom to make a political statement.

Usually I have to pee.

The evidence deserves more seriousness than the rhetoric. A 2025 Williams Institute review found no evidence that allowing transgender people to use restrooms corresponding with their gender identity jeopardizes other users' safety or privacy. It also documents transgender people themselves experiencing denial of access, harassment and violence around restroom use.

You do not have to experience gender dysphoria to treat transgender people with dignity.

You do not have to understand exactly what happened inside me.

I cannot lend you my nervous system for an afternoon.

I ask for something smaller: make room in your understanding of humanity for experiences you have never personally had.

Listen when people describe their lives. Ask questions. Challenge factual claims when they need challenging. Let researchers collect better evidence. Let medicine improve.

But do not confuse unfamiliarity with impossibility.

Somewhere there is another person who believes life is simply supposed to feel like trench warfare. Maybe that person is transgender. Maybe not. Maybe transition will be part of their answer. Maybe it will not.

They deserve accurate information, competent care, autonomy and enough kindness to find out.

I found my way home.

I want other people to know that home is allowed to exist.

People deserve understanding.

Evidence Note

Purpose

This note distinguishes Jona Citrus Thyng's first-person testimony from population-level evidence. Her account is evidence of her own experience; it is not presented as proof that every transgender person experiences hormones, dysphoria, orchiectomy, emotion or transition in the same way.

Gender Affirming Hormone Therapy and Psychosocial Outcomes

A 2023 systematic review covering 46 journal articles reported that gender-affirming hormone therapy was consistently associated with reductions in depressive symptoms and psychological distress. Evidence for quality of life was less consistent, and study quality and confounding limited causal inference.

Baker KE et al. Hormone Therapy, Mental Health, and Quality of Life Among Transgender People: A Systematic Review. *Journal of the Endocrine Society*. 2021;5(4):bvab011. doi:10.1210/jendso/bvab011. [Read source](#)

Doyle DM, Lewis TOG, Barreto M. A systematic review of psychosocial functioning changes after gender-affirming hormone therapy among transgender people. *Nature Human Behaviour*. 2023;7:1320–1331. doi:10.1038/s41562-023-01605-w. PMID: 37217739. [Read source](#)

Dysphoria and Short Term Feminizing Hormone Therapy

A prospective controlled observational study followed adults beginning gender-affirming hormone therapy and cisgender comparison participants. During the first six months, participants beginning feminizing therapy showed a significant reduction in measured gender dysphoria, but no significant change in measured quality-of-life domains relative to the comparison group. These findings support a more careful account than the blanket claim that “estrogen makes people happier.”

Foster Skewis L et al. Short-Term Effects of Gender-Affirming Hormone Therapy on Dysphoria and Quality of Life in Transgender Individuals: A Prospective Controlled Study. *Frontiers in Endocrinology*. 2021;12:717766. doi:10.3389/fendo.2021.717766. PMID: 34394009. [Read source](#)

Limits of Causal Claims

Systematic reviews generally describe observational evidence, heterogeneous populations and varying risk of bias. Associations between gender-affirming care and improved outcomes do not establish that a particular hormone caused a particular emotion in an individual person. Jona therefore describes her hormonal sequence and subjective experience without assigning every change to a single biological mechanism.

Restroom Safety and Privacy

A February 2025 Williams Institute evidence review concluded that available studies do not show increased safety or privacy harms when transgender people are permitted to use restrooms and other gendered facilities according to gender identity. Research reviewed in the report found no significant increase in privacy/safety violations following relevant nondiscrimination protections and no increase in stranger violent victimization attributable to those protections.

Harm Experienced by Transgender Restroom Users

The same review reports persistent denial of restroom access, verbal harassment and physical assault experienced by transgender people. Analysis of 2022 U.S. Transgender Survey data found increased risk of certain negative restroom experiences when transgender people living according to their gender identity used facilities corresponding to sex assigned at birth.

Herman JL, Flores AR, Redfield E. Safety and Privacy in Public Restrooms and Other Gendered Facilities. Williams Institute, UCLA School of Law. February 2025. [Read source](#)

Editorial Principle

The essay deliberately does not claim:

- that every transgender person experiences gender dysphoria;
- that every transgender person needs hormones or surgery;
- that estrogen universally produces a particular emotional state;
- that orchiectomy is appropriate for every transgender woman;
- that Jona's subjective experience proves a specific neuroendocrine mechanism; or
- that disagreement about gender policy makes a person malicious.

The argument is narrower: transgender people describe real and heterogeneous experiences; gender-affirming hormone therapy is associated in the literature with meaningful benefits for many people who seek it; and public policy should be informed by evidence rather than unsupported assumptions.

Media Pitch

Subject: Op-ed / first-person essay: “Transition Is Not a Costume”

I have lived through three unusually distinct chapters of my adult hormonal life: years under endogenous testosterone, orchiectomy with the resulting loss of testicular hormone production, and then feminizing estrogen therapy.

What surprised me most about transition was not what happened in the mirror. It was what happened inside my experience of being alive.

I woke up one morning crying with joy. For the first time since childhood, I felt connected to myself and the world. Life had stopped feeling like trench warfare. “I could see in color again” is the closest language I have for it.

My essay, “Transition Is Not a Costume,” uses that experience to explain why public discussion of transgender women so often mistakes the visible parts of transition—clothes, appearance, surgery and bathrooms—for its meaning. It carefully separates my personal testimony from what medical research can establish and addresses restroom policy using empirical safety data.

I am offering the essay as a first-person contribution to public understanding, not as a claim that my experience is universal.

Jona Citrus Thyng

Jackson, Mississippi

[Contact: Human Augments on Facebook](#)

Interview Talking Points

Core message

Transition was not primarily a change in presentation for me. The profound change was my subjective experience of myself and of being alive.

What am I claiming?

I am claiming my own experience. I am not claiming that estrogen universally causes joy, that every trans person has dysphoria, or that every trans person needs medical transition.

Why mention hormones?

Because my life included unusually distinct periods under endogenous testosterone, after orchiectomy, and on estrogen. That sequence is part of my story. It does not by itself prove which biological mechanism caused which feeling.

What does research show?

Systematic reviews generally associate gender-affirming hormone therapy with reduced depressive symptoms and psychological distress, but the evidence is heterogeneous and much of it is observational. Some prospective research also reports reductions in gender dysphoria.

Is this an argument that everyone questioning gender should transition?

No. It is an argument for accurate information, competent individualized care, autonomy and respect.

What about people who detransition?

Their experiences also deserve truthful study and compassionate care. Individual variation is one reason I reject universal claims about what transition will do for any particular person.

Are you saying appearance does not matter?

No. Appearance and physical changes can matter enormously to an individual. I am saying appearance is not the whole meaning of transition and should not be used as a test of someone's humanity.

What about biological sex?

Sex-related anatomy and physiology are real and medically relevant. So are gender identity, dysphoria, social experience and treatment goals. Medicine is capable of considering more than one relevant fact at a time.

Why women's bathrooms?

Because forcing ordinary restroom use into a symbolic political battle obscures the empirical question. Available evidence reviewed by the Williams Institute does not show increased safety/privacy harms from gender-identity-inclusive access, while transgender people themselves report harassment and denial of access.

What do you want from someone who disagrees with you?

Not ideological surrender. Curiosity, evidence, and recognition that another person can have an experience they have never had.

Best quotation

"You were looking at our clothes. We were trying to tell you about our lives."

Second quotation

"When something fits, you barely notice the fit. You notice the shoe when it hurts."

Personal center

"I could see in color again. I was home. I was me."