



Impact of Social Transitioning on Mental Health of Sexual and Gender Minorities Seeking Non-medical Gender Affirming Care

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Abstract: This study delves into the effects of social transitioning on the mental health and psychological wellbeing of sexual and gender minority (SGM) individuals aged 18 to 25 seeking non-medical gender-affirming care within urban North India. Using a qualitative multimethod design that triangulated semi-structured interviews and parallel qualitative questionnaires, data was recorded from fifteen participants (N = 15) and analysed through thematic analysis. Findings suggest that social transitioning is accompanied with significant improvements in psychological wellbeing under conditions of affirming social ecology, while institutional barriers, legal invisibility, and relational conditionality materially compromise these gains.

Keywords: *Social Transitioning, Gender-Affirming Care, Sexual and Gender Minorities, Mental Health, Minority Stress*

1. Introduction

Gender-affirming care (GAC), specifically its non-medical aspect of social transitioning, supports transgender and gender-diverse (TGD) individuals to align external presentation with

internal identity, thereby alleviating gender dysphoria and enhancing overall psychological well-being (American Psychological Association, 2015; WPATH, 2022).

Social transitioning, a non-medical element of GAC, involves using affirming names, pronouns, clothing, hairstyles, and social roles, consistent with one's gender identity. Common, deliberate, and reversible, social transitioning is characterised by a series of identity-affirming changes that function at the level of self-presentation, social recognition, and interpersonal interaction. Research supports that these changes yield measurable psychological benefits including reduced anxiety and depression, enhanced self-esteem, and improved self-concept, serving as a crucial first or sole step toward gender affirmation for many individuals (Olson et al., 2016; Turban et al., 2020).

Mental health, as defined by the World Health Organization, comprises social, psychological, and emotional wellbeing and is not merely the absence of illness but a positive state wherein individuals are able to realise their potential, manage stress effectively and engage meaningfully with their communities. For SGM individuals, mental health is substantially shaped by the degree to which their gender identity is recognised, affirmed, and supported within their social environments. Gender minority stress stems from stigma, discrimination, identity concealment, and anticipatory rejection which constitute a well-documented and pervasive source of psychological harm for this population (Meyer, 2003).

Minority and social transitioning are closely interconnected. Stigma and discrimination, manifesting as bullying, family rejection, and institutional exclusion, exacerbate dysphoria and compound the psychological burden of gender non-conformity. Among Indian TGD individuals, suicide attempt rates of 31 to 50 percent have been documented accompanied with societal prejudice and legal gaps (NACO Whitepaper, 2023). Conversely, affirming social networks and chosen family structures have been identified as significant protective factors, mitigating distress and supporting identity consolidation across the transitioning process (Turban et al., 2020).

Social transitioning and mental health are transactional in relation. Social transition correlates with reduced anxiety and depression and enhanced self-concept, yet the mechanisms through which these benefits are realised remain inadequately understood, particularly when viewed independently from concurrent medical interventions (de Vries et al., 2014). In the Indian context, access to medical GAC remains largely inaccessible for the majority TGD individuals due

to systemic barriers, prohibitive costs, and inherent legal gaps, rendering social transitioning as the primary and standalone path for gender affirmation, rather than a prerequisite step to medical care.

Research has continually identified the psychological significance of social transitioning. Studies demonstrate that affirming name and pronoun use is associated with seemingly reduced depressive symptomatology and suicidality among transgender youth (Russell et al., 2018). Longitudinal data link access to affirming social environments with lower rates of depression and anxiety post-transition (Turban et al., 2020). Findings from the Indian context further indicate that social affirmation cultivates resilience against dysphoria among transmasculine individuals, though non-binary identities and non-medical pathways remain underexplored in the existing literature (Kaur et al., 2021).

The critical gap discerned from the existing literature is that the psychological impact of social transition are rarely separated from the confounding variables of minority stress or concurrent medical GAC, especially within the Indian context for sexual and gender minorities pursuing non-medical care. This research addresses this gap directly, examining the lived mental health experiences of Indian SGM young adults aged 18 to 25 who are engaged in non-medical gender-affirming care, with the aim of documenting the psychological significance as a standalone form of care in a high-stigma, resource-constrained environment.

2. Methodology

2.1 Aim

To explore the lived experiences of Indian sexual and gender minority young adults seeking non-medical gender-affirming care, with particular focus on the effects of their social transitioning on mental health

2.2 Objectives

- To explore shifts in internal gender identity and self-concept arising from changes in names, pronouns, clothing, and social roles.
- To investigate how affirming support networks and chosen family structures influence the non-medical transition process.
- To document lived encounters with stigma, discrimination, and minority stress, and the strategies employed to navigate them.

- To analyze the subjective psychological effects of social transitioning on mental health and wellbeing.

2.3 Research Question

What are the effects of social transitioning on mental health?

2.4 Research Design

This study utilised a qualitative multimethod design to explore the subjective truths and lived experiences of sexual and gender minorities pursuing non-medical gender-affirming care. The design allows participants to articulate nuanced narratives regarding internal identity, social support, stigma, and mental health effects that quantitative criteria often obscure. To ensure rigour and credibility, the study employed methodological triangulation by combining semi-structured interviews with qualitative questionnaires.

2.5 Sampling

A sample of 15 sexual and gender minorities aged between 18 and 25 years who are seeking non-medical gender affirming care was taken using purposive sampling (specifically selecting a sample between 18-25 years of age range with well-defined specific aforementioned characteristics) and snowball sampling (enrolled participants were invited to refer acquaintances who met the eligibility criteria).

2.6 Variables

Independent Variable: social transitioning

Dependent Variable: mental health and psychological wellbeing

2.7 Tools

The study collected data using two complementary instruments: *semi-structured interview protocol* serving as the primary tool for deep exploration, conducted via Google Meet to ensure safety and geographical reach (Archibald et al., 2019) and the *qualitative questionnaire*, which consisted of structured open-ended text boxes mirroring the interview domains.

3. Results

This section presents all results obtained through thematic analysis of data from fifteen (N = 15) participants, drawn from both semi-structured interviews (P1-P5) and parallel qualitative questionnaires (P6-P15). Six themes, each comprising significant sub-themes, were identified from the combined dataset. These themes have been categorised in the figure below.

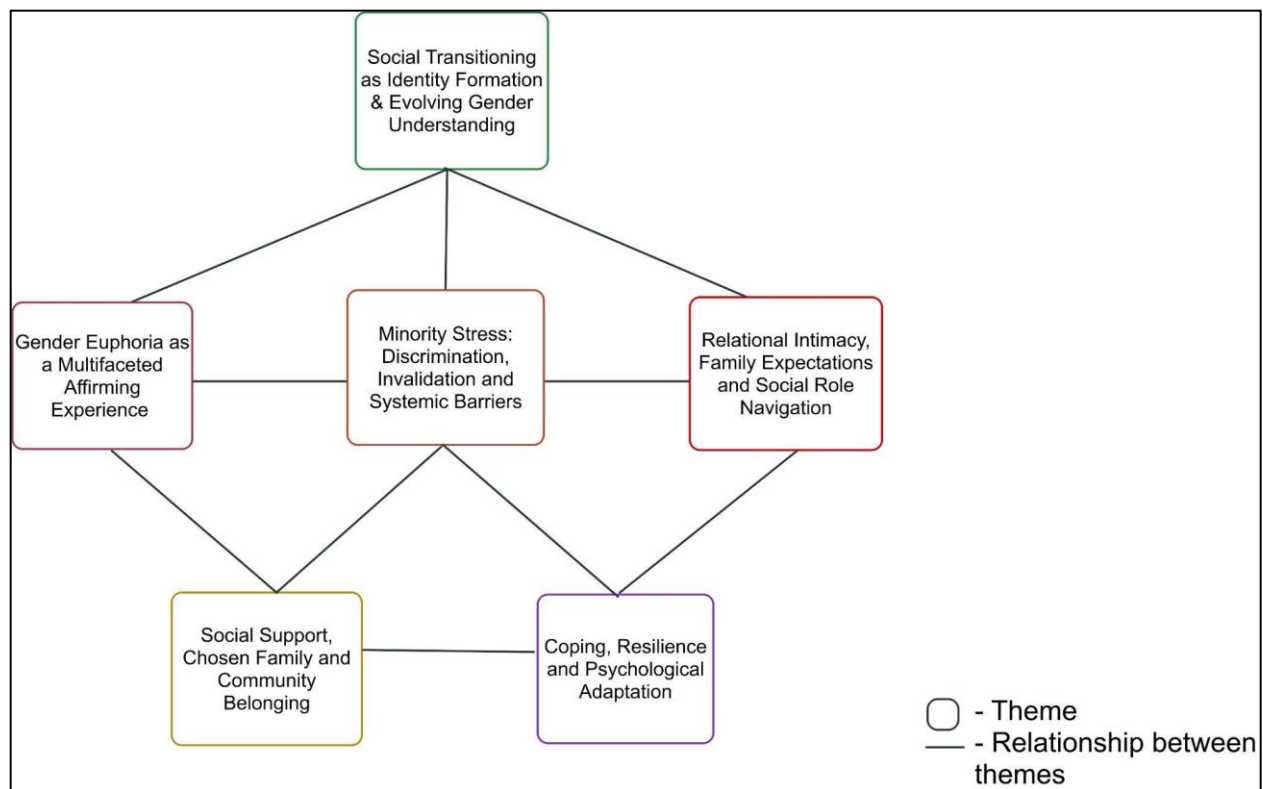


Figure 1. Finalized Thematic Map

Gender Euphoria as a Multifaceted Affirming Experience

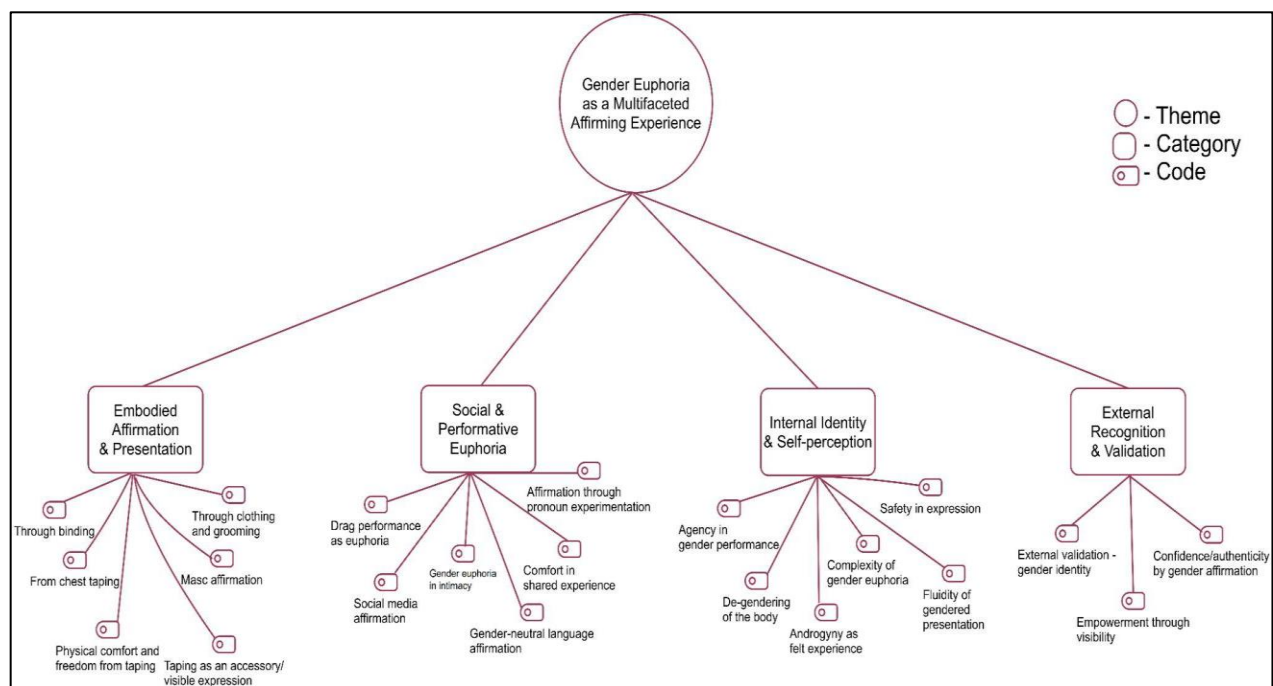


Figure 2. Themes, categories and codes of Theme 1

Social Transitioning as Identity Formation & Evolving Gender Understanding

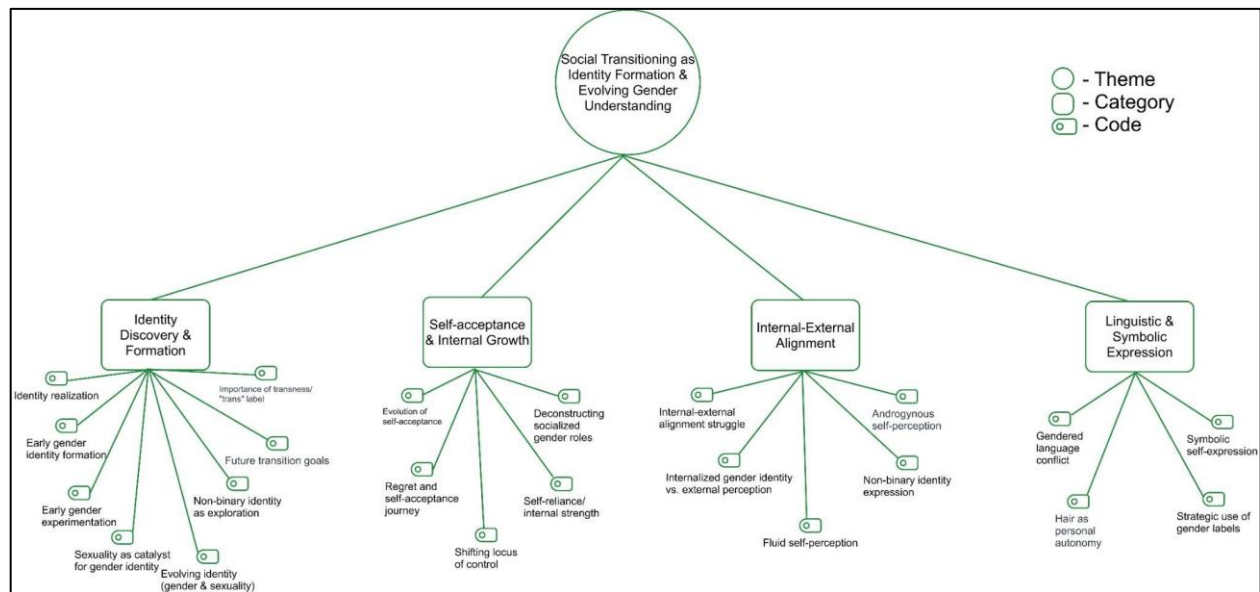


Figure 3. Themes, categories and codes of Theme 2

Minority Stress: Discrimination, Invalidation and Systemic Barriers

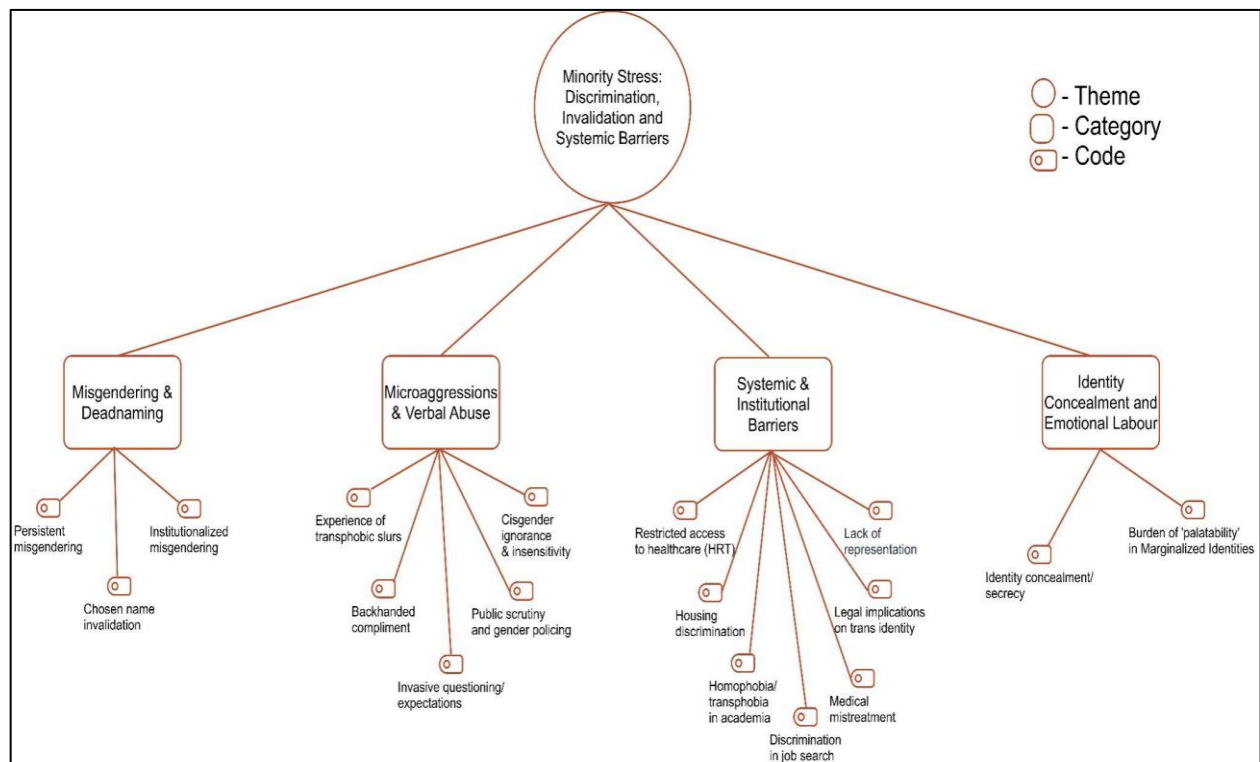


Figure 4. Themes, categories and codes of Theme 3

Social Support, Chosen Family and Community Belonging

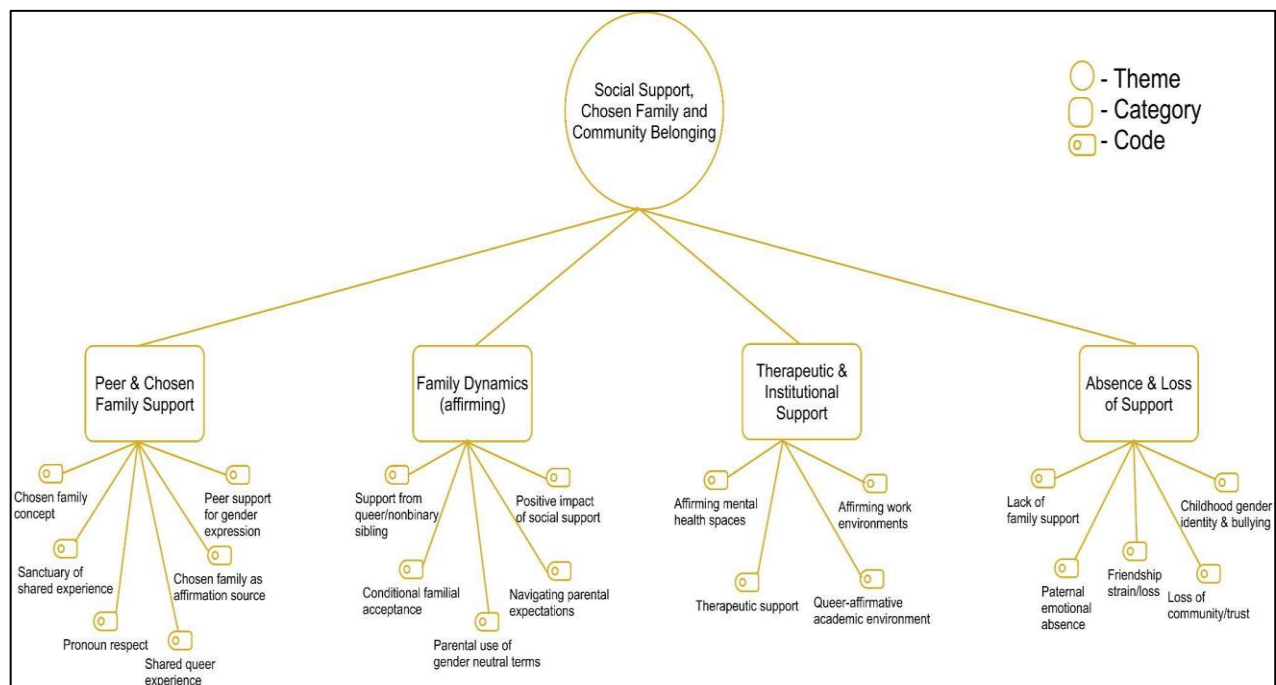


Figure 5. Themes, categories and codes of Theme 4

Coping, Resilience and Psychological Adaptation

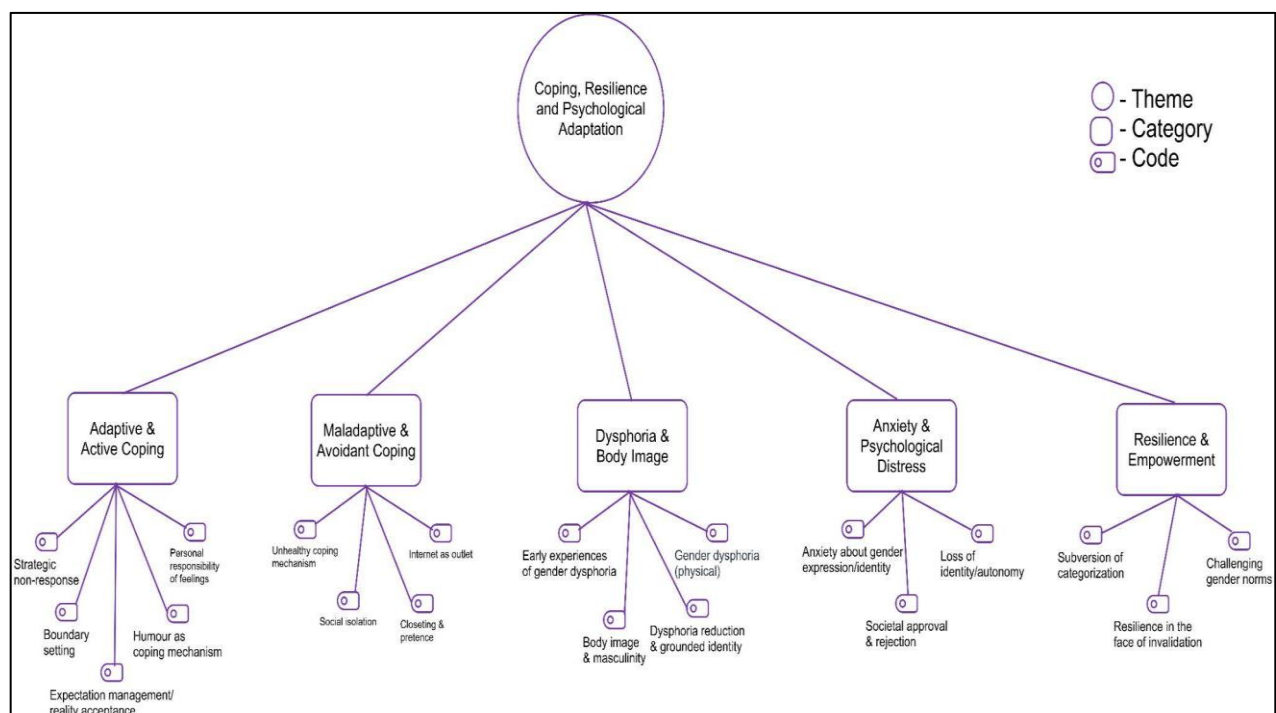


Figure 6. Themes, categories and codes of Theme 5

Relational Intimacy, Family Expectations and Social Role Navigation

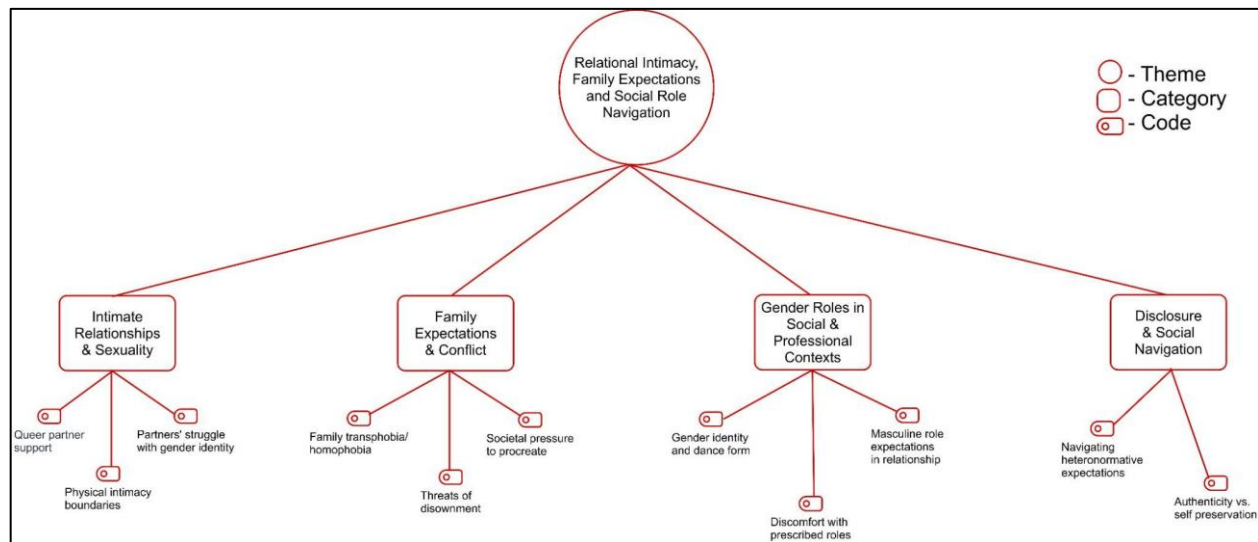


Figure 7. Themes, categories and codes of Theme 6

4. Discussion

For SGM individuals, mental health is considerably influenced by the degree to which their gender identity is recognised, affirmed, and supported within their social environments.

Studies indicate that there is a substantive relationship between social transitioning and mental health outcomes among gender-diverse individuals. Individuals who engage in social transitioning tend to report improved psychological wellbeing, reduced gender dysphoria, and enhanced self-concept. Consistent with previous research, Beischel et al. (2022) demonstrated that gender euphoria is a psychologically significant construct in its own right, not merely the inverse of dysphoria, and Rider et al. (2018) found that access to gender-affirming care in any form is associated with meaningful improvements in wellbeing among gender-diverse individuals. Furthermore, Tordoff et al. (2022) identified gender-congruent presentation as one of the most proximal predictors of reduced depressive symptomatology among non-binary and transgender youth, independent of hormonal intervention. Turban et al. (2020) similarly documented that affirming social environments are associated with lower rates of depression and anxiety following transition.

This research study employed a qualitative multimethod design combining semi-structured interviews with qualitative questionnaires, with methodological triangulation applied to ensure convergent validity across data sources. Data were gathered from fifteen SGM participants aged

18 to 25 residing in urban North India, all of whom were engaged in non-medical gender-affirming care. Thematic analysis yielded six themes: gender euphoria as a multidimensional affirming experience; social transitioning as identity formation and evolving gender understanding; minority stress across discrimination, invalidation and systemic barriers; social support, chosen family and community belonging; coping, resilience and psychological adaptation; and relational intimacy, family expectations, and social role navigation.

The results indicate that social transitioning is associated with consequential improvements in psychological wellbeing across all fifteen participants. Gender euphoria was reported universally, arising from embodied practices such as chest binding and taping, gender-congruent clothing and grooming, affirming pronoun use, and social recognition by peers and partners. These gains were, however, substantially conditioned by the socio-relational environments in which transitioning occurred, with access to affirming peer networks and chosen family structures associated with greater identity consolidation and more robust psychological functioning. Conversely, persistent minority stressors (including misgendering, institutional discrimination, familial non-acceptance, and legal non-recognition) constituted significant and independent sources of psychological harm that attenuated the benefits of social transitioning.

Conclusively, the data across the six themes offer compelling support for the central proposition held that social transitioning, even when practiced in the complete absence of medical intervention, represents a meaningful and psychologically significant form of gender-affirming care, eliciting measurable improvements in wellbeing, gender euphoria, and identity consolidation. A subsequent proposition stipulated that the extent of these improvements is largely conditioned by the socio-relational context in which transitioning takes place, including the degree of affirming support available, the magnitude of minority stressors encountered, and the coping resources through which their impact is managed.

5. Conclusion

Research examining the mental health implications of social transitioning for SGM individuals engaged in non-medical gender-affirming care within India remains substantially limited. The present study addresses this lacuna by contributing qualitative evidence from an urban North Indian SGM sample aged 18 to 25, a demographic consistently marginalised within international scholarly discourse, and by documenting the psychological significance of social

transitioning in the complete absence of medical intervention. The results indicate that social transitioning, enacted through physical gender-affirming practices, the cultivation of affirming relational networks, and the progressive consolidation of gender identity, is associated with meaningful improvements in psychological wellbeing, challenging the implicit hierarchy in transitioning research that treats non-medical social transition as a precursor to, rather than a valid and self-sufficient form of, gender-affirming care.

Moreover, the pervasive nature of minority stress across institutional, familial, and relational domains further raises substantive concerns regarding the systemic non-affirmation that characterises the environments within which Indian SGM young adults navigate their transitions. The legal landscape governing transgender recognition in India has drastically changed since the commencement of this research study. The Transgender Persons (Protection of Rights) Act, 2019, already discerned across this study as a source of institutional harm through its non-recognition of social transition, further amended by the Transgender Persons (Protection of Rights) Amendment Bill, 2026, which received presidential assent on 30 March 2026. The 2026 Amendment removes the right to self-perceived gender identity, mandates medical board certification as a prerequisite for legal recognition, and narrows the definition of transgender persons to exclude transmasculine, transfeminine, and non-binary identities: the very identities represented throughout the present sample, which encompasses lesbian, bisexual, transgender, queer, asexual spectrum, non-binary, gender fluid, and pansexual individuals. The harms documented in this study must therefore be understood as actively compounding, occurring within a legislative environment that has moved in direct contravention of the *NALSA v. Union of India* (2014) ruling and in opposition to the WPATH Standards of Care (2022). The diversity covered over the current research constitutes a direct empirical challenge to the reductive conception of gender and sexual identity inscribed in the 2026 Amendment, demonstrating the lived complexity that legislation of this kind systematically renders invisible.

Furthermore, the simultaneous presence of gender dysphoria alongside disordered eating and compulsive exercise, recorded for the first time in an Indian SGM sample, also foregrounds the imperative for trans-affirming clinical training, trauma-informed frameworks, and SGM-inclusive educational content among psychology, medicine, and the allied health professions, disciplines whose existing curricula and institutional cultures are demonstrably inadequate to the needs of this population.

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