

Durkheim and Gender Minorities

Penelope Gomez

Durkheim wrote the concept of egoism and anomie, the phenomena that he uses to depict the detachment of an individual from society, and that society's failure to operate as a source of consistency for the individual. I want to focus on these two specifically as Durkheim viewed them as having a connection in the society's failure to uplift an individual to the point of suicide. As Durkheim writes, "Certainly, [anomic suicide] and egoistic suicide have kindred ties. Both spring from society's insufficient presence in individuals" (Durkheim, *Suicide: A Study in Sociology*). I want to explore Durkheim's two forms of suicide and how they distinctly effect those belonging to minority groups, by making connections to experiences among transgender individuals and studies that address how interpersonal behavior influences suicidal tendencies. I'd like to first start by clearly defining the definitions of egoism and anomie making the connections of Durkheim's concept to the experiences felt by transgender individuals. Starting with egoistic suicide, Durkheim describes it as the individual feeling a detachment from society due to a feeling of unwelcomeness. Anomie is similar in the sense that there is a sort of stop-gap between the individual and their society, though in this case the individual does not have a sense of stability. Rapid change for the better or worse with no understanding of how to handle it can lead to suicidal tendencies as the result.

In a 2020, a report was released from the Center for American Progress at the University of Chicago which aimed to investigate discrimination against LGBTQ Americans. Its findings demonstrated several ways in which they experienced discrimination; notably, 66% of transgender respondents said that they experienced adverse psychological effects as a result of

their discrimination. Over half reported that the lack of confidence in acceptance and safety from others led to them making decisions which were centered around their identity and hiding aspects of their identity from family and friends. Additionally, less than half report being able to maintain relationships with their families (Mahowalk, Gruberg, & Halpin, 2020).

Here I believe we see the manifestation of a risk factor for what Durkheim identified as egoistic suicide. We see the lack of belonging, the poor mental health, and ways in which a person is ejected from social ties. Following through, we can see that these factors can in fact lead to increased suicidal tendencies. A study from the Indian Journal of Psychological Medicine revealed that roughly 41% of transgender individuals in the US will attempt suicide, with fulfilled suicides determined to be caused by falling-out with family members, and the ending of a relationship by the subject's partner (Virupaksha, Muralidhar, & Ramakrishna, 2016).

Anomie is also visible here through the process of exploring one's gender identity and coming out as transgender. In the US, transgender identities are relatively new in the public eye and there is little systemic support for transgender individuals. In the medical system, there is little clinical data on the effects of various medical transition methods such as hormone replacement therapy. Surgeries are generally inaccessible, and the practice is still in its early stages. Often, gender dysphoria is not identified in patients suffering from it, and almost all treatment is a result of self-diagnoses, leaving those uneducated on the subject without a route to treatment. Regardless, gender dysphoria is recognized and understood as a psychological condition detrimental to one's mental health. It is known that access to transition, both social and medical, is the only effective way to treat gender identity disorders and gender dysphoria (Mayo Clinic, 2022).

Similarly, coming out is a difficult process that has the unfortunate tendency to result in situation like those mentioned previously. Many who undergo this process it describe coming out

as a catalytic experience. For younger people, this can mean estrangement from their family and a loss of financial support. Among older trans people, this can mean the end of long-term relationships, both platonic and romantic. Additionally, transitioning results in significant changes in a person's life, and contributes to high levels of stress regardless of whether one has supportive friends and family. Many social aspects of their lives are changes, and desired as these changes might be, the speed at which they onset can be a shock. After being raised for potentially decades with certain expectations and roles imposed by society, shedding them and assuming a new role in public perception carries with it a significant level of uncertainty. As a result of these facts, people exploring their gender identity can be left feeling a lack of direction in their lives, both medical and socially.

This I believe demonstrates concern for anomic suicide- a feeling of being directionless and having no guidance from society. It's fortunate that we know how the disproportionate transgender suicide rate is caused as well as how we can remedy it. As suicidal tendencies increase as vectors of marginalization are stacked, any attempts to reduce discrimination are likely to have significant effects and addressing multiple forms of marginalization are only better. (Brown, Herman, & Haas, 2019).

Looking at anomic suicide, the first solution here is to increase the awareness of transgender identities and gender dysphoria. Comprehensive education on the topic from a young but appropriate age is essential to treating gender identity disorders before the point in which a transition to match one's correct gender identity would play a more pervasive role in their lives. In the case that guidance cannot be provided before dysphoria arises, it must be available from the point at which it is first noticed. Another important solution is to ensure the accessibility of treatment, which is largely dependent on education. To ensure trust and safety in

the treatment of transgender individuals, resources need to be put toward understanding their needs and unique medical circumstances. This will assure individuals struggling with a lack of guidance that they will be cared for and that they are not on their own should they need assistance on this front (Ashley & Domínguez Jr, 2020).

Education also plays a significant role in preventing egoistic suicide. Normalization plays a big role in preventing discrimination and one of the best ways to do this is to have readily available resources available for people for whom these concepts are new. Comprehensive sex education has the potential to create a paradigm shift that encourages wider acceptance of transgender people. Studies have shown that active efforts to increase positive treatment of transgender people, especially in educational settings, has a largely beneficial effect on rates of marginalization (Domínguez-Martínez & Robles, 2019) (Slater, 2013).

What I believe is demonstrated here is a modern real-world example of some of Durkheim's individual-social relationships that drive people to suicidality. As we know what effective treatment looks like, we can extrapolate these effective solutions onto other manifestations of Durkheim's concepts. Education and action which encourages empathy are effective ways to bridge a gap between marginalized groups and society as a whole, and while the specifics of these treatments will differ among varying groups, it's an important step to reducing isolation and increasing confidence.

References

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