

Self-naming and Hetero-naming Strategies: from Appropriation to Reconfiguration

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The names imposed on or chosen by communities provide an insight into the functioning and hierarchical structure of societies. These processes will be examined by thinking first about the relationships between how groups are named (hetero-naming) and how they name themselves (self-naming) based on sociohistorical context, and the theory of social representation (Moscovici, 1976). We will first expose the connection between the activity of naming and the activity of representation, then we shall focus on two examples of hetero-naming which have their origins in medical discourse: “homosexuality” and “transsexuality”. The hetero-imposed name “homosexuality” is re-appropriated as self-naming within a community of fate. This process allows the development of a collective identity and social representation with the aim of enhancing and transforming it into an “emblem-name” (Moscovici, 1999). The term transsexuality is a hetero-naming largely rejected by those to whom it is applied and, then, who self-name using other terms. This process is also motivated by a desire to enhance and reconfigure the balance of power, i.e. to make the transition from “stigma-name” to “emblem-name” (Moscovici, 1999). Thus, hetero-naming circumscribes spaces of representation and is

imposed on individuals as a means of acting on their lives from a position of dominance. However, it is also a part of a dynamic of relationships between different actors, revealing processes of challenge, appropriation and transformation of names. That's why it seems important to us to question the ethical position which we adopt as researchers and practitioners.

Keywords: self-naming, hetero-naming, hegemonic social representations, homosexuality, trans identities

From fag to gay, from dyke to lesbian, from transsexuality to transidentity, from inversion to homosexuality – these are all ways of being described, perceived, made visible or invisible, of speaking out or keeping quiet, of disappearing or asserting oneself. Label or name, stigma or emblem, the names imposed on or chosen by communities provide an insight into the functioning and hierarchical structure of societies. We shall examine these processes by thinking first about the relationships between how groups are named (hetero-naming) and how they name themselves (self-naming) based on sociohistorical context, and the theory of social representation (Moscovici, 1976). After exposing the connection between the activity of naming and the activity of representation, we shall focus on two examples of hetero-naming which have their origins in medical discourse: “homosexuality” and “transsexuality”. A brief overview of the emergence of these examples of hetero-naming will be followed by an analysis of the dynamic of their evolution towards new forms of name produced by the communities concerned. These new forms of self-naming demonstrate the way in which different actors view their positions in society and reveal modes of appropriation of hetero-naming, and also possible reconfigurations.

NAMING: FROM HETERO-NAMING TO SELF-NAMING

The act of naming is often considered to belong to the activity of classification of reality by language (Levi-Strauss, 1962 cit. in Kalampalikis, 2002, p. 27; Moirand, 2011) which consists of placing individuals, events and social objects into categories. Naming therefore implies a collective dynamic of production of shared meanings which highlights the importance of considering the historical, social and cultural positions of speakers when they agree or disagree with the use of a name in discourse. We are drawing here on praxematics, which “takes

as its starting point the most empirical of observations, that of the existence of *reality*, which comprises not only what we know about it, but also what we do not know about it.” (Siblot, 2001, p. 6). According to this linguistic theory, individuals construct – on the basis of their perceptive, practical and social experiences – “a representation of the world in language” (Siblot, 2001, p. 6) called the *logosphere*, which allows them to apprehend reality. Knowledge constructed in this way is organised into “programmes of meaning” designating “constituent traits of categorisations (and) *capitalised* in names” (Siblot, 2001, p. 6). This is why, following Kalampalikis (2002) and Moscovici (1999), we believe that “the activity of naming forms part of the construction of representations based on experiences which speakers have with objects of reality.” (Moirand, 2011 p. 167), notably by establishing a connection with the anchoring process. In this respect, naming is associated with the process of creating a social representation by anchoring the object of representation in a network of pre-existing categories. Naming is therefore a means of making a new object familiar and hence recognisable, as well as functional and operational in everyday life. To name something is to make it exist (Austin, 1962/1970). Like an act of baptism (Siblot & Leroy, 2000), establishing a name constitutes “an ontological commitment to things which we want to exist, be stable, and be shared intersubjectively” (Kleiber, 2001, p. 9). Thus, according to Kalampalikis (2002), social representations appear and reappear through the activity of naming. Furthermore, if “naming a thing affirms its existence, and, as we will see, it is sometimes about imposing it on other people and ultimately imposing oneself” (Mortureux, 1984, p. 104), then the activity of naming is part of the identity function of social representations. The names used and chosen actually describe, not only the relationship actors have with the object of representation, but also the relationships they have with other actors, and the places which they assign to each person in the social order. Names say both what an object is and also who the people naming it are and the nature of their relationship with the world, and thus with other people. Naming, which is a speech act (Siblot, 2001), describes the asymmetry of the positions of power occupied by actors and validates, legitimises or even challenges them. Hence, when we name groups, it seems essential to know whether the name originated with the people concerned or other groups. In the first instance, members of the group self-name and signal by the name they have chosen how they want to position themselves, to differentiate themselves, for example in a social field, and in relation to other groups, and also which characteristics they wish to emphasise. In the second instance, other groups name them in a process of hetero-naming, on the basis, for example, of medical discourse, and express in this way how they perceive this group and situate themselves in

relation to it. In her research on how the name “African American” as a replacement for “Black” constructs a new social reality, Philogène (1994) highlights the identity aspect of the act of self-naming. This is why she stresses the need to study the activity of naming in close connection with the theory of social representations (Moscovici, 1976). She believes that only by doing so “can we comprehend how these labels, turned into identities, are conferred meanings by the social actors, alter relations between groups, and reorganize the social world.” (Philogène, 1994, p. 92). The process of objectification (including the mechanism of naturalisation) therefore seems to be just as important as the anchoring process, as it allows a name to become a concrete component of reality by making the transition from an abstract idea to an object of real identity. (Philogène, 1994).

It is this dynamic between the act of naming (self-naming and hetero-naming) and representations which we will explore in this article through two examples of naming in the LGBTQI+ (Lesbian, Gay, Bisexual, Trans, Queer and Intersex) communities, which have their roots in medical and psychiatric discourse: “homosexuality” and “transsexuality”. After a brief historical overview of hetero-naming in each instance, we will examine how the communities concerned have used these names to effect change in their social reality and to attempt to modify the balance of power in these situations.

HOMOSEXUALITY: REAPPROPRIATING HETERO-NAMING

According to Foucault’s research (1976), homosexuality is generally considered to be a medical term with its origins in the late nineteenth century. The word was coined in 1868 in a letter written by Karl-Maria Kertbeny, an Austro-Hungarian writer and journalist, to Karl-Heinrich Ulrichs, a German lawyer and journalist, and it was used in the public domain through a pamphlet in 1869. What may appear to be a point of origin could however, according to Banens (2009), be considered more akin to the end of a process. In the two preceding centuries, developments in thinking about the family led to the creation of the figure of the homosexual on the one hand through the distinction between reason and madness, and on the other through a rationalisation of the choice of partner, sexual practices, and the idea of love (Banens, 2009). More specifically, the term “homosexuality” emerged during this period of development from psychiatric and legal discourse which was attempting to classify deviant behaviours in order to establish formally “a medical framework for thinking the difference between the sexes” (Salle, 2017, p. 76). Homosexuality was thus defined both as a congenital anomaly expressing “an atypical and even deviant nature” (Salle, 2017, p. 85), and as a pathology in the sense that it

was the result of “physical and mental damage in which the patient plays an active role” (Salle, 2017, p. 85).

Over time, in France and throughout the western world, the term was gradually adopted universally, and by scientists, lawyers, and those concerned. It replaced other names which were still used in the early 20th century such as invert, sodomite, uranian, homophile, third sex, etc. In France in the 1950s and 1960s, and even the early 1970s, while there were still individuals and activists who declared themselves to be “homophiles”, it was nevertheless the word homosexuality which became standardised.

This act of scientific naming for the purposes of classification established a concept while at the same time creating a category, a group bringing a variety of affective and sexual practices and diverse life experiences under the banner of a single name. What had previously referred to a multiplicity of life circumstances now became a homogenous group of experiences and practices which made certain individuals visible while causing others to remain invisible. Furthermore, the fact that this term emerged from the medical and psychiatric fields suggested how the category to which this name was attributed would be treated by society, as it was becoming part of a pre-existing network of meanings and categorisations. In other words, as is suggested by Kalampalikis (2002, p. 26-27), this act of naming “is equivalent to conferring and sharing in social terms meanings relating to a (real or ideal) given object in a specific sociocultural and historical context”.

This hetero-naming therefore creates a hegemonic social representation of homosexuality, as posited by Moscovici (1988, p. 221): “These *hegemonic* representations prevail implicitly in all symbolic or affective practices. They seem to be uniform and coercive”.¹ This hegemonic representation of homosexuality was anchored in the medical and psychiatric fields and the classification assigned anomaly, congenital deviance or illness to individuals who were previously either invisible or condemned by religion or the law. This “social baptism” (Kalampalikis, 2002, p. 27) brought with it a raft of identification mechanisms based on criteria including behaviours, clothing, posture, shape and size of the brain, genitals and other body parts, hormonal profile, and psychological traumas (see, for example, Tamagne, 2002). The aim of these mechanisms was of course to spot individuals, but also to identify the origin of the illness or anomaly in order to offer an appropriate treatment. In parallel with this anchoring, the social representation of homosexuality became objectified in the figure of an

¹ Author’s translation.

effeminate man with a focus on sex and sexuality, in line with the image put forward in 1864 (Revenin, 2007) by Ulrichs of a woman's soul trapped inside a man's body (Murat, 2006).

Membership of this category, which implies the attribution of the negative and demeaning characteristics and meanings of the hegemonic social representation of homosexuality – i.e. based on a “stigma name” (Moscovici, 1999) – prevailed until the 1970s. This extension of hetero-naming was assigned by a social other: the medical and psychiatric institution. The rise of protest movements in France in the 1970s, and the international trend towards demands for homosexuality to be depathologised,² allowed the community to self-name and to reclaim membership of this category. The establishment in 1971 of the French activist group the *Front Homosexuel d'Action Révolutionnaire* (FHAR) and the publication in 1972, of a book by the French homosexual rights activist Guy Hocquenghem entitled *Le désir homosexuel*, demonstrate the impact of the term in media and activist circles in France.

Similarly, homosexuality, as defined by medical science and psychiatry and anchored in the widely accepted sense of an anomaly or illness, was reclaimed by those concerned as a non-pathological identity in the form of a sexual orientation. By making homosexuals exist and be identified on the basis of demeaning and stigmatising characteristics common to all, hetero-naming with its roots in medicine reinforced and promoted similar experiences and identifications. This created a dynamic of interdependence or a “community of fate”, described by Moscovici (2008, p. 56-57) as something which “unites the dynamic power of a socialised representation to the specific space and time frame of a group”. Thus, in the case of the hetero-imposed name “homosexuality” re-appropriated as self-naming within a community of fate, a collective identity and social representation developed in parallel, with the aim of enhancing and transforming it into an “emblem-name” (Moscovici, 1999).

TRANSSEXUALITY: REJECTING HETERO-NAMING

The creation of the category of transsexuality illustrates a process which is different but complementary to the previous example of homosexuality.

Reprising the idea of a “third sex” (the soul of a woman in the body of a man) put forward by Ulrichs, the German doctor Magnus Hirschfeld (1868-1935), a homosexual rights activist like Ulrichs, stressed that there were different sexual types and produced a taxonomy

² Homosexuality was withdrawn from the Diagnostic and Statistical Manual of Mental Disorders (DSM) lists published by the American Psychiatric Association (APA) in 1975. It was removed from the WHO International Classification of Diseases (ICD) in 1990.

including hermaphrodites, androgynes, homosexuals, and transvestites (Murat, 2006). In 1919, Hirschfeld founded the Institute for Sexual Science where he collected documents and research material relating to the “third sex” and received patients variously identified as sexual criminals, homosexuals, transvestites, etc. At this institute, he appears to have been the first person to offer a medical response in the form of surgery for patients requesting body transformation (Murat, 2006; Beaubatie, 2016). On this basis, in 1923, he coined the term “spiritual transsexualism” to identify a specific form of inversion (Murat, 2006). But this term only assumed its current meaning in the writings of American sexologist David O. Cauldwell in 1949. The term was picked up again in 1953 by German-American endocrinologist Harry Benjamin, to create a true nosographic category. He attempted to distinguish between transvestites and transsexuals. Transsexuals, unlike transvestites, were people who wanted to belong to the sex which was not assigned to them at birth, and requested body transformation procedures. This definition was based on the conception of a gendered identity which developed and stabilised in the early 20th century, positing an alignment between sex and gender (I am a biological man and live as a man, and gender-identify as a man). Thus the creation of the transsexual category identified people who had a personality disorder, in the sense that their sex and gender were not aligned, and for whom identification with the other sex was not restricted to cross-dressing, but was characterised specifically by a desire for body transformation (Hérault, 2013). This desire was therefore construed as a symptom of transsexuality. Based on this criterion, Benjamin (1966) described seven types of personality relating to people all assigned the male gender at birth and indicated whether or not it was necessary to have “conversion surgery”, to begin hormone treatment and psychotherapy. As in the case of homosexuality, the aim here was identification in order to offer more appropriate treatment.

With a similar emphasis on identification, psychiatrist and psychoanalyst Robert Stoller put forward a distinction between primary and secondary transsexuality, based on his clinical practice with transsexuals in the 1960s. He believed that primary transsexuality was rare and corresponded to a feeling which had been present since childhood of belonging to the other sex, whereas secondary transsexuality was the result of a long process of living with the gender assigned at birth. For Stoller, the latter belonged to the domain of psychiatry as it was related to psychosis, perversion and serious personality disorders (Castel, 2003). This distinction produced hierarchies for considering the groups concerned as it could distinguish between true (primary) transsexuals and false (secondary) transsexuals. It offered the possibility of

identifying people who under French hospital protocols would be entitled to seek access to hormonal and surgical treatments (Alessandrin & Espineira, 2015).

Finally, in the early 1970s, psychiatrist Norman Fisk, psychologist John Money and surgeon Donald Laub, who are all American, proposed a new category: gender dysphoria, characterised in the Diagnostic and Statistical Manual of Mental Disorders (DSM) by a series of factors.³ Gender dysphoria is experienced by someone who is fundamentally uncomfortable with their anatomical sex and seeks recourse to body transformations. These are viewed as the consequence of this feeling of discomfort, not as the main symptom (Hérault, 2013).

Hetero-naming, which stems primarily from the medical and psychiatric sciences, is responsible for the construction of a hegemonic social representation of transsexuality which is anchored in pathology through its characterisation as a psychological problem. The various definitions all attempt to identify the “reality” of transsexuality (“true” transsexuals) and are constructed around this issue of hormonal and/or surgical body transformation. The social representation is therefore anchored in the idea of an unshakable desire to physically change anatomical sex. This is expressed by the true transsexual as a desire for transformation dating back to early childhood. Furthermore, this anchoring in psychiatric pathology necessarily implies the expression of psychological distress. This hegemonic social representation of transsexuality produces a homogenous image of trans people’s journeys, experiences and desires and assigns to them the idea of distress associated with these experiences.

Lastly, the representation of transsexuality was objectified again in the notion of a woman’s soul trapped in a man’s body produced by Ulrichs, imposing as a figure of transsexuality, the transsexual woman, i.e. a person assigned the male sex at birth but who self-identifies as a woman.

The trans community in France joined protest movements in the 1970s such as the group *Les Gazolines*, which was formed on the fringes of the FHAR and took part in its activism. The French trans third sector landscape developed in particular in the early 1990s, and despite involvement in Gay Pride at the time, (which has since been renamed LGBT Pride and now Pride), made the decision to create a specifically trans event. The first Existrans took place in 1997. This increased visibility, which developed in the 1990s, was accompanied by an approach focusing on expertise, as the rise of French trans third sector societies was anchored in medical

³ The DSM evolved in various ways, as a result of which the characterisation of dysphoria has moved from the coexistence of all factors (e.g. a marked incongruence between one’s experienced gender and primary or secondary sexual characteristics; a strong desire to be rid of one’s primary or secondary characteristics) to the existence of just two of these factors (Alessandrin & Espineira, 2015).

and psychiatric power (Alessandrin & Espineira, 2015). In addition to fighting transphobia, third sector organisations were calling for depsychiatrisation, reclassification in a non-pathologising category, and an end to the need for psychiatric assessment to validate the start of a transition pathway. Trans people and third sector organisations had to develop their expertise in order to be able to produce their own expert counter-evidence. In this dynamic, the term transgender spread and was applied in the 2000s to everyone – and not just to people who did not wish to medicalise their pathway (Beaubatie, 2016). At the same time, the insult “queer” was reclaimed as a positive identity based on pride (Alessandrin, 2012; Thomas, 2011). Lastly, in order to try to highlight the diversity of transition pathways and trans life experiences in connection with demands for a depathologisation, the expression “transidentities” emerged and is now the most widely used term in France.

The term transsexuality, a hetero-naming created primarily by the medical and psychiatric sciences, is largely rejected by those to whom it is applied. They self-name using other terms – transgender and transidentity – in order to abstract themselves from the realm of pathology and place “new transition and subjectivation pathways for their transidentity” (Alessandrin, 2012, p. 124) at the centre of the dynamic of identity definition. Self-naming as an act of identity definition is therefore a response to the hegemonic pathological representation associated with hetero-naming. Once again, this is motivated by a desire to enhance and reconfigure the balance of power, i.e. to make the transition from “stigma-name” to “emblem-name” (Moscovici, 1999).

BETWEEN APPROPRIATION AND REJECTION OF HETERO-NAMING: INEVITABLE RECONFIGURATIONS

The activity of scientific hetero-naming in which the terms homosexuality and transsexuality have their roots, led to a restructuring of the social world for all actors in this era. With these new divisions, the medical and psychiatric sciences posited a new conception of the world (Mortureux, 1984), a new reality at the heart of which actors’ positions were reconsidered by assigning them – or not – to the category of abnormality, deviance or pathology. The act of naming operated like a social baptism and allowed homosexuals and transsexuals to exist from that point onwards. In order to achieve this, scientific hetero-naming was associated with systems of identification based on criteria whose aim was to suggest an appropriate treatment or treatments for the cases encountered. Thus, hetero-naming, while identifying people who fitted into the category – true homosexuals and true transsexuals – caused those who deviated

from it to disappear. In doing so, hetero-naming and its system of criteria based on medical and psychiatric discourse circumscribed spaces of representation of homosexuality and transsexuality and stated what it was or was not possible to think. However, this configuration of spaces and places is not static. It also forms part of a dynamic of relationships between different actors depending on their position in society, revealing processes of challenge, appropriation and transformation of names. This culminates in the transformation of hegemonic social representations into “emancipated” representations (Moscovici, 1988). For Moscovici (1988, p. 221), these are *emancipated* representations with “a certain degree of autonomy” and, because they have been “generated in the course of social conflict and social controversy”, society as a whole does not share them.

Community of fate and the reconfiguration of the power nexus

Initially, according to Beaubatie (2016), the category of transsexuality was co-constructed by doctors, sexologists and psychiatrists on the one hand, and by patients on the other. Patients as actors have of course played a part in its creation by collaborating with certain practitioners, but especially by avoiding others. Progress in the medical field in the 20th century and also in both surgery and endocrinology, meant that there was a growing demand from people who wanted to transform their bodies and the creation of transsexuality would make it possible to facilitate a response to these requests. However, although these responses were initially medical, they gradually became psychiatrised (Hérault, 2013), thus definitively anchoring transsexuality in the realm of pathology.

We can observe a dynamic between actors around hetero-naming and its implications for the power nexus in relation to sociological positions and to the development and acquisition of “scientific knowledge”. In this respect, and in the face of medical and psychiatric professionals setting themselves up as experts, the trans community has built up a body of knowledge in order to reclaim a position of expertise and to challenge the expertise of these professionals (Alessandrin & Espineira, 2015). The “community of fate” (Moscovici, 2008) notably in the third sector, has contributed to the development of this body of information by sharing skills and knowledge about different individuals’ life experiences. In these attempts at reconfiguring and positioning, hetero-naming has largely been rejected in favour of self-naming as transgender or transidentity, to allow actors to reclaim the “power to act” (Marignier, 2012, p. 4) in their lives.

The picture for the development of homosexuality is somewhat different. In fact, after

a period of assignation of homosexuality, the community began to self-identify and eventually to reclaim homosexuality as their identity. Thus, hetero-naming was gradually accepted and transformed into self-naming. Here too, we can observe the dynamics between different actors around this act of naming in the sense that hetero-naming was not simply accepted as such but was actually appropriated and reconfigured. From the 1970s onwards, homosexual activist movements called for the depathologisation of homosexuality, setting as their goal the transformation of pathology into identity, based primarily on the notion of sexual orientation. This offered the opportunity to locate homosexuality among other forms of sexuality and thus attempt to do away with the hierarchies between them by placing heterosexuality, homosexuality and bisexuality on an equal footing. The appropriation of hetero-naming as self-naming shows a desire to reconfigure the power nexus between the communities and psychologists, psychiatrists and doctors, and also between those concerned and the dominant heterosexual society. Demands for change which continued to surface on the French social scene (from Pacs civil unions in the 1990s⁴, and marriage and adoption in the mid-2000s through to the law on same-sex marriage in 2013 and medically assisted procreation in the late 2010s) all expressed a desire to change the fundamentally asymmetric relationships between groups, as discussed previously in relation to collective memory (Fraïssé, 2003). In parallel, the fight against homophobia,⁵ spearheaded primarily by the third sector, was an attempt to drive the transition from a demeaning to a positive representation of homosexuality. The dynamic here is to retain the term “homosexuality” but to transform it from stigma to emblem through an interplay of appropriation and meanings. By sharing the skills, knowledge and life experience of each of its members the “community of fate” (Moscovici, 2008) has played a part in this reappropriation of hetero-naming. This process offers the possibility of moving from a hegemonic representation to an emancipated representation of homosexuality, which is more positive and can function as an identity to elevate the status of those concerned.

Diversity in self-naming: the struggle against relegation to minority status

Whether hetero-naming is accepted or rejected in the two examples examined above, the communities concerned also self-name in other ways. These proposals are part of the dynamic of reconfiguring places, restructuring the social order, and attempting to create a new social reality in which the pathologisation of trans people and homosexuality no longer exists.

⁴ Law passed in 1999.

⁵ Verbal and physical violence against homosexuals.

It makes way for fluid and positive identities through new self-naming such as transidentity, transgender, gay, and lesbian, or the pluralisation of homosexualities and transidentities.

These new names are accompanied by the creation of other representations such as “gender fluid”, which describes all the possible gender identity variants in contrast to a gender-binary categorisation of the sexes. The way in which people name their own gender identity in several French surveys relating to the trans community reveal the diversity which is gaining traction and the representation process which is currently being constructed. For example, in a survey conducted in May-June 2014, Alessandrin & Espineira (2015, p. 134-135) listed 35 different names cited by 304 respondents, including: woman, man, trans, trans woman, trans man, MtF⁶, FtM⁷, queer, FtU⁸, X, gender variant, fluid, and unknown. Similarly, the pluralisation of homosexuality and the use of gay, lesbian, dyke, bi and queer, express a rejection of the homogeneity associated with a dominated group Lorenzi-Cioldi (2002). There is a distinction between the representation of dominant groups perceived and understood as a “collection” and the representation of dominated groups seen and understood as an “aggregate”. If the former is a collection of individuals with diverse profiles, experiences and life journeys, the latter are undifferentiated individuals with similar profiles, experiences and life journeys. Groups with low social status, such as trans and homosexual people, are relegated to a minority status and assigned a ready-made and homogenising lived experience. The production of new forms of self-naming by the people concerned aims to change the way in which these groups are represented by emphasising diversity rather than homogeneity, and identity rather than sexuality, deviancy and pathology.

Towards a change in representations

Furthermore, the emergence in the media of trans men and lesbians, two figures who were previously invisible, is a further indicator of the dynamics of reconfiguration. Hegemonic social representations of homosexuality and transsexuality are actually based on a debased masculine figure; the effeminate man – the fairy, the queen – in the former case, and the trans woman in the second case, thus revealing a “male-centric construction of trans people” (Beaubatie, 2016, p. 138) and sexualities. Homosexual women and trans men therefore exist on the fringes and are generally rendered invisible insofar as they contravene the hetero-patriarchal

⁶ Male to Female.

⁷ Female to Male.

⁸ Female to Unknown.

order. As Wittig put it (2001, p. 76), “lesbians are not women” in the sense that their status is not defined by that of men and masculinity. They find themselves outside the system of hierarchised categories of the sexes. Similarly, trans men, by crossing the established gender divide (Fraïssé, 2012) to become part of the dominant group, reveal the porosity of this group. These two figures, by their mere presence, reveal on the one hand the possibility of extracting oneself from the system of male domination and modifying or overturning it, and on the other, the pointlessness of the system itself. For several years now, these communities have no longer been relegated to the margins and have a more significant role in the media space and in representations of homosexual or transidentities. The emergence of these figures is therefore contributing to changes in hegemonic representations and demonstrating intergroup dynamics of reconfiguration of the power nexus based on the activity of naming.

CONCLUSION

In conclusion, it is crucial to stress the fact that “the process of categorization always stems from a social position, a historical way of seeing and particular interests” (Gillespie & al., 2012, p. 392). The hetero-naming and self-naming which create these categories are clearly dependent on the points of view of the social actors and their socio-historic location. We must therefore reflect on the use of “sexual and gender minority” which exists in social psychology and challenge our – potentially dominant – position as researchers or practitioners, as discussed elsewhere (Fraïssé & Barrientos, 2016). The activity of naming can be considered as “the implementation of a discursive power” in the sense that discourse is “evaluated by the subjects in terms of its active effect on their lives” (Marignier, 2012, p. 4). Hetero-naming is imposed on individuals as a means of acting on their lives from a position of dominance. In particular, the question arises of what we produce in relation to those people involved when we interact as researchers or practitioners with people to whom we assign the category “sexual and gender minority” and to whom we apply hegemonic representations implying in particular a homogenised life experience and the notion of distress. The ethical position which we must adopt as researchers and practitioners requires us to question our own activity in categorising and hetero-naming the social world around us, on the basis of which we produce analyses, as we are not external to it.

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