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Compulsory Sexuality and Its Discontents: The Challenge of Asexualities

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Abstract

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Scholars have begun to use the term *compulsory sexuality* to describe the fact that contemporary sexual norms may compel people to identify as desiring subjects, take up sexual identities, and engage in sexual activity. In response to compulsory sexuality, some individuals have begun to identify as asexual, or as experiencing little or no sexual attraction. Drawing on insights from feminist theory, sexuality studies, and disability studies, this dissertation uses textual analysis and qualitative research in order to contribute to an understanding of contemporary sexual norms. This dissertation makes three primary contributions to scholarship on sexual norms: first, by focusing on biomedical discourses about low sexual desire and feminist writings on sexuality, I demonstrate that asexuality can be used as an analytical tool to understand how certain discourses promote compulsory sexuality. Second, using data from thirty in-depth interviews, I show that an analysis of the narrativized experiences of individuals who identify as asexual contributes to our understanding of how sexuality is regulated in contemporary society and how these regulations produce both resistance and accommodation. Finally, I show that using asexuality as an analytical tool and taking into account the narrativized experiences of individuals who identify as asexual necessitates a rethinking of important concepts within the fields of women's studies and sexuality studies. Overall, this dissertation contributes to a broader and deeper understanding of how norms about sexuality are constituted and naturalized and how they might be re-envisioned in order to accommodate a greater diversity of ways of being in the world.

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Chapter 1: Introduction

In 2006, David Jay, the founder of an online community for people who identify as asexual, appeared on an MSNBC program hosted by Tucker Carlson, a news commentator with a conservative social agenda, to talk about asexuality. During the segment, Carlson's questions to Jay included the following: So you don't think about sex? But you're aware that the average man has a porno movie playing in his head at all times, and you don't? So why aren't you the most successful man in the world, if freed from the enormous energy it takes the average man to think about sex all day long? A number of people have said "he's gay and he's just repressed," is that true? Do you feel like you're missing out [on sex]? Why don't you just try [sex] once and then you'll know for certain that you don't like it?

In 2011, Jay was interviewed for a podcast by Dan Savage, a pro-sex sex advice columnist.¹ Although Savage attempted to find common ground with Jay, during the interview he made the following statements:

When you date, the assumption for 99% of humanity, is that you are out there dating, and looking for a mate, in part because you want to, well, mate—you're interested in sex. It's presumed. And if you aren't, you have an obligation to disclose that you aren't. It's just like, you know, if you're presenting yourself as a carbon-based life form, a vertebrate, and you're allowing people to assume you are a vertebrate, because almost all humans are, you have an obligation to disclose

¹ Savage had previously made comments interpreted as anti-asexual by some members of the asexual community (see Savage 2011).

that you are actually a jellyfish. If you're not a vertebrate, the onus is on you, is it not?

Do you think it's possible that there are some people who have fled into an asexual identity, just as there are some deeply fucked up Catholic men who fled into the priesthood to hide, or dodge, or run from a sexuality that troubles them...?

It seems to me that an asexual identity might be a comfort and a balm to some people whose sexuality is so disturbing to them, or so impossible to realize, because it's immoral, there's no way to realize it morally, that embracing an asexual identity could be an escape valve/clause/dodge.²

These two interviews illustrate some of the points about asexuality and compulsory sexuality that I will elaborate on in this dissertation. According to scholars in a number of fields, western society has become increasingly sexualized (Giddens 1993; McNair 2002; Attwood 2006). This "sexualization of culture" is characterized by the increasing visibility of and importance afforded to sex and sexuality in the public and private spheres (Attwood 2006). A few scholars have begun to use the term *compulsory sexuality* to describe the fact that contemporary sexual norms may compel people to identify as desiring subjects, take up sexual identities, and engage in sexual activity (Rich 1980; Radner 2008; Chasin 2011b). Although scholars have begun to investigate the sexualization of culture, as yet, little research has been done on the ways in which individuals and communities are affected by and resist compulsory sexuality.

² Transcription from the tumblr "Next Step Cake" ("TRANSCRIPT: David Jay Interviewed on Savage Love Podcast." 2013).

Understanding this will help scholars to understand how contemporary sexual norms operate, especially how they both enable and constrain us, and may lead to a re-envisioning of these norms.

The recent efforts of some individuals and communities to define *asexuality* (or a lack of sexual attraction) as a sexual identity category is a particularly interesting site to investigate resistances to compulsory sexuality, as asexual activism potentially challenges any conception of sexual desire as a universal motivating force for all people. Drawing on insights from feminist theory, sexuality studies, and disability studies, this dissertation uses textual analysis and qualitative research in order to contribute to an understanding of contemporary sexual norms. This dissertation makes three primary contributions to scholarship on sexual norms: first, I demonstrate that asexuality can be used as an analytical tool to understand how certain discourses promote compulsory sexuality. Second, I show that an analysis of the narrativized experiences of individuals who identify as asexual contributes to our understanding of how sexuality is regulated in contemporary society and how these regulations produce both resistance and accommodation. Finally, I show that using asexuality as an analytical tool and taking into account the narrativized experiences of individuals who identify as asexual necessitates a rethinking of important concepts within the fields of women's studies and sexuality studies. Overall, this dissertation contributes to a broader and deeper understanding of how norms about sexuality are constituted and naturalized and how they might be re-envisioned in order to accommodate a greater diversity of ways of being in the world.

Context: Compulsory Sexuality and Asexual Resistance

Prior to the eighteenth century, it seems likely that low levels of sexual desire or sexual behavior would not have been viewed as particularly deviant by many members of western societies, as long as they did not interfere with reproduction. This would have been the result of both material and ideological conditions. According to historian Edward Shorter, materially, a focus on sexual pleasure would have been hampered by a number of conditions, including a lack of personal hygiene, a lack of privacy, the threat of venereal disease, the limited availability of effective contraception, and the dangers of childbirth, among others. Ideologically, Shorter argues that a number of commonly (although of course not universally) held moral values would have hampered a focus on sexual pleasure, including the largely anti-sex views of mainstream religions and the view that pleasure-seeking (particularly by working- and middle-class individuals) was a threat to social hierarchy (Shorter 2006). Although women were often viewed as more sexual than men in the seventeenth century, by the beginning of the nineteenth century, white middle-class women, in particular, were expected to possess, or at least express, little interest in sex, an ideal called “passionlessness” by feminist historians (Cott 1978).

Yet, by the late nineteenth century, the material considerations identified by Shorter were changing, as were the ideological considerations. Historians as divergent as Shorter and Paul Robinson have identified the late nineteenth century as the time when the “modernization” of sex began.³ During the late nineteenth century, more people

³ Shorter, an essentialist in regards to sexuality, argues that “...sexual behavior and sensual pleasure are the product of biologically driven desire rather than of fashion or social conditioning,” and that “...the history of desire is the history of the almost biological liberation of the brain to free up the mind in the direction of total body sex” (Shorter 2006, 4). Shorter argues

began to see sexuality as a central aspect of their personalities (Davidson 2001; Oosterhuis 2000). A number of supposed experts, including scientists, doctors, and progressive activists, began to argue that sexual desire and sexual activity are good for individuals and societies. Scientists and doctors also began to identify individuals who experienced low levels of sexual desire as disordered (first men, but eventually women as well) (Irvine 2005).⁴

According to both Shorter and Robinson, those changes that began in the late nineteenth century became widespread in many western societies beginning in the 1960s (Shorter 2006; Robinson 1976). A number of broad processes contributed to the dissemination of these changes, including: secularization; urbanization; consumer-oriented capitalism; the separation of public and private spheres; the rise of the mass media and advertising based on sexuality; changes in the nature of marriage and family institutions; the growth of scientific research and medical practice in the area of

that the first “breakout” of sexual desire was at the end of the nineteenth century/beginning of the twentieth century, a process which accelerated after 1960 (Shorter 2006). Robinson, a social constructionist in regards to sexuality, argues that the work of Havelock Ellis at the turn of the twentieth century represented the start of the “modernization” of sex. According to Robinson, a “modern” attitude toward sex is characterized by the following: a reaction against Victorian ideals; a belief that sexual experience is neither a threat to moral character nor a drain on vital energies, but a worthwhile human activity requiring proper management; sexual enthusiasm; acceptance of a broad range of legitimate sexual behavior; support for active female sexuality; and a questioning of marriage and reproduction. According to Robinson, sexual modernism was further advanced by Kinsey and later by Masters and Johnson (Robinson 1976).

⁴ For a more detailed and complex account of this history, please see Chapter 2.

sexuality; and the struggles of women and sexual minorities to gain rights and recognition (Gerhard 2001; Tiefer 2004).

In the past few decades, these processes have perhaps accelerated (or at least taken on new forms), and scholars have coined the term *sexualization* to describe the increasing visibility of and importance afforded to sex and sexuality in the public and private spheres (Attwood 2006; McNair 2002). Media studies scholar Feona Attwood identifies a number of key aspects of the sexualization of culture, including:

a contemporary preoccupation with sexual values, practices and identities; the public shift to more permissive sexual attitudes; the proliferation of sexual texts; the emergence of new forms of sexual experience; the apparent breakdown of rules, categories and regulations designed to keep the obscene at bay; [and] our fondness for scandals, controversies and panics around sex (Attwood 2006, 78–79).

Although the sexualization of culture can be liberatory in many ways, it also serves a regulatory function. Since the 1960s, western feminist scholars and activists have recognized the ways in which the sexualization of culture can be both liberating and oppressive for women. In general, while allowing for greater sexual expression, the sexualization of culture may have also increased pressure on girls and women to make themselves available for heterosexual intercourse. More recently, feminist scholars have developed a number of terms, including the *Taylorisation of sex* (S. Jackson and Scott 1997), *sexual subjectification* (Gill 2003), *sex work* (Cacchioni 2007), *technologies of sexiness* (Evans, Riley, and Shankar 2010), and *sexual entrepreneurship* (Harvey and Gill 2011) to describe the efforts that women, primarily white, middle-class women, are

called upon to perform in order to make themselves sexy and/or improve their sex lives. For example, Harvey and Gill summarize the concept of *sexual entrepreneurship* as follows:

This modern, postfeminist subject, we contend, is incited to be compulsorily sexy and always ‘up for it,’ and is interpellated through discourses in which sex is work that requires constant labour and reskilling (as well as a budget capable of stretching to a wardrobe full of sexy outfits and drawers stuffed with sex toys.) Beauty, desirability and sexual performance(s) constitute her ongoing projects and she is exhorted to lead a ‘spiced up’ sex life, whose limits—not least heterosexuality and monogamy—are tightly policed, even as they are effaced or disavowed through discourses of playfulness and experimentation (Harvey and Gill 2011, np).

Along with other scholars, I argue that we need to recognize the ways in which sexuality may be compulsory not just for women but also for men and gender minorities, and the ways in which, while heterosexuality may still be the most privileged form of sexuality, in at least some parts of contemporary society, even queer sexuality is preferable to non-sexuality. Some scholars have begun to use the term *compulsory sexuality* to describe this reality (Chasin 2011b; Radner 2008). In addition to compulsory sexuality, scholars have used other terms, including *sex-normative culture* (Cerankowski and Milks 2010), *sexual normativity* (Chasin 2011a), and *the sexual assumption* (Carrigan 2011) to describe this more general phenomenon. All of these terms draw on Adrienne Rich’s concept of *compulsory heterosexuality*, which she developed in 1980 to describe the ways in which heterosexuality is imposed on women (Rich 1980), and on

more recent concepts, including *the heterosexual matrix* and *heteronormativity* which were developed to describe how heterosexuality is enforced for everyone and alternative sexualities are marginalized (Butler 1990; Warner 1993). In this dissertation, I use *compulsory sexuality* to describe the fact that contemporary sexual norms may compel people to identify as desiring subjects, take up sexual identities, and engage in sexual activity, and to describe the fact that various forms of non-sexuality (such as a lack of sexual desire and/or behavior) may be marginalized.

In part in response to contemporary processes of sexualization and compulsory sexuality, recently, a number of individuals have begun to explicitly identify as asexual and to form transnational online asexual communities. The largest and most active online community, the Asexuality Visibility and Education Network (AVEN), was founded in 2001.⁵ Although definitions vary, people who identify as asexual as part of the contemporary asexual movement most often define asexuality as a lack of sexual attraction to other people (AVEN website). Asexual activists have challenged the idea that low sexual interest is always a pathological condition requiring treatment and have defined asexuality as simply an alternative, and potentially fulfilling, way of being in the world (AVEN website).

In many ways, the move to define asexuality as a sexual identity category is simply one additional effort within the broader realm of identity politics. Broadly speaking, identity politics refers to a belief that particular individuals are oppressed on the basis of their membership in a socially-defined group, to processes whereby members

⁵ AVEN has experienced significant growth over the years. As of December 13, 2008, AVEN had 16,473 registered members. As of May 20, 2013, AVEN had 46,021 registered members.

of these groups reclaim or revalue their previously stigmatized group identity, and to processes whereby members of these groups seek political, social, and/or economic rights on the basis of a group identity. Examples of identity-based political movements include the Black power movement, the women's liberation movement, the gay and lesbian rights movement, and the disability rights movement.⁶

As asexuality has only recently been explicitly articulated as a sexual identity,⁷ there is only a small body of scholarship on asexuality to date. Two studies have analyzed large-scale data sets, arguing that approximately one to two percent of the population

⁶ There is a large body of scholarship on identity politics by feminist and queer studies scholars. Scholars have leveled at least three types of critiques against identity politics. First, scholars have pointed to the exclusionary potential of organizing around a particular identity, both in the sense that those who do not fit into a particular identity category may be excluded, and in the sense that a person's multiple identities may be ignored in a group focused on one particular identity (see Crenshaw 1991). Second, some scholars have argued that, in focusing on the personal, identity politics is depoliticizing (see Fraser 1997). Finally, a number of poststructuralist scholars have critiqued the essentialist aspects of identity politics. Andermahr et al. summarize this critique as follows: "an unreflective identity politics represents a form of essentialism in which experience can be transparently transposed into discourse to 'speak for itself' and a subjectivism in which 'only I can speak for me'" (Andermahr, Lovell, and Wolkowitz 1997, 104; see W. Brown 1995; see Butler 1993). However, a number of feminist scholars have also argued for the continued strategic importance of a reflective form of identity politics (see Crenshaw 1991).

⁷ It is certainly possible and indeed probable that there have been people uninterested in sex in different historical periods and in different cultures, but who have not taken on asexuality as an identity label.

may be asexual (Bogaert 2004; Poston and Baumle 2010).⁸ Other studies have used questionnaires and in-depth interviews with individuals who identify as asexual to examine asexual identities (Brotto et al. 2008; Carrigan 2011; Scherrer 2008; Prause and Graham 2007). This scholarship has generally defined asexuality as a lack of sexual attraction, has sought to de-pathologize asexuality by distinguishing it from the psychiatric diagnosis of Hypoactive Sexual Desire Disorder (HSDD), and has emphasized diversity within the asexual community, both in terms of sexual behavior (some self-identified asexuals will engage in sexual activities while others will not) and in terms of romantic identity (some self-identified asexuals seek romantic but non-sexual relationships, others do not). One study examined subjective and physiological sexual arousal in self-identified asexual women, finding no significant differences between self-identified asexual women and women with other sexual identities (Brotto and Yule 2010). Finally, a number of scholars (including those already mentioned) have begun to explore some of the implications of contemporary asexualities for feminist, queer, and disability studies scholarship. These scholars have begun to examine the extent to which contemporary asexualities challenge normative understandings of sexuality and relationships and have suggested that perhaps contemporary asexualities pose a challenge to pro-sex aspects of contemporary critical theory and activism (Scherrer 2010b; Scherrer 2010a; Cerankowski and Milks 2010; Kim 2011; Kim 2010; Przybylo 2011; Przybylo 2012; Fahs 2010). A more thorough review of the scholarship on contemporary asexualities is offered in Chapter 4.

Contributions of this Dissertation

⁸ Estimates range depending on what definition of asexuality is used.

Although scholars have begun to analyze compulsory sexuality and asexualities, there are still significant gaps in our knowledge about how compulsory sexuality operates and about the relationship between asexualities and contemporary sexual norms. In this dissertation, I contribute to the emerging body of scholarship on compulsory sexuality and asexualities by addressing the following questions: Can asexuality serve as an analytical tool to better understand contemporary sexual norms? How do sexual norms affect the lives of self-identified asexual individuals and how do self-identified asexual individuals and communities both resist and accommodate themselves to sexual norms? Do the narrativized experiences of self-identified asexual individuals require us to rethink certain concepts in the fields of women's studies and sexuality studies?

The first main contribution of the dissertation is to demonstrate that asexuality can be used as an analytical tool in order to understand how certain normative discourses contribute to compulsory sexuality. In using asexuality as an analytical tool, I am following the model of feminist scholars who have used gender as an analytical tool, as I will explain further in the methods section of this chapter.

As noted above, a number of processes and discourses have contributed to the sexualization of contemporary society. In using asexuality as an analytical tool, I focus on two particular sites—biomedical discourse about low sexual desire and feminist and queer discourse about sexuality; my analysis of these sites can serve as examples of how to use asexuality as a lens to analyze other discourses. I focus on biomedical discourses because, as a number of scholars have argued, in western society, scientific and medical discourses command particular authority and legitimacy, and, at the same time, they have played an important role in the “modernization” of sex (Robinson 1976; Tiefer 2004). I

argue that using asexuality as an analytical tool reveals the ways in which biomedical discourses about sexual disinterest have both reflected and contributed to compulsory sexuality.

I focus on feminist and queer discourses about sexuality because they too have played an important role in the “modernization” of sex (Tiefer 2004; Glick 2000); at the same time, feminist and queer discourses about sexuality purport to offer a liberatory approach to sexuality. I argue that using asexuality as an analytical lens through which to examine feminist and queer discourses on sexuality reveals the ways in which some aspects of these so-called liberatory discourses have contributed to compulsory sexuality, specifically by adopting one or more of the following positions: female asexuality is either a patriarchal myth or the product of patriarchal oppression; sexuality is a natural or biological drive; sexual activity is necessary for physical and mental wellbeing and for the maintenance of intimate relationships; sexuality is a spiritual resource; liberated woman and sexual minorities must discover and express their own sexual desires; and/or the pursuit of sexual pleasure by women and sexual minorities is a revolutionary or transgressive activity.

The second contribution of the dissertation is to show that an analysis of the narrativized experiences of self-identified asexual individuals adds to our understanding of how sexuality is regulated and how these regulations produce both resistance and accommodation. Examining the narrativized experiences of self-identified asexual individuals provides insight into contemporary sexual norms because, just as David Jay’s presentation of his asexual identity to Tucker Carlson and Dan Savage led them to reveal some of their assumptions about sexuality, by taking on an asexual identity label and by

expressing their disinterest in sex to others, self-identified asexual individuals provoke responses which reveal some of the assumptions about sexuality held by those around them. For this section of the dissertation, I draw on evidence from qualitative in-depth interviews with self-identified asexuals. In my analysis of the interviews, I demonstrate the impact of compulsory sexuality on the lives of my interviewees in four commonly reported experiences: reported experiences of pathologization; reported experiences of isolation; reported experiences of unwanted sex and relationship conflict; and reported experiences in which self-identified asexual individuals were told that they did not know their own sexual desires (in other words, they were denied epistemic authority). I also identify five strategies that interviewees used to respond to compulsory sexuality: describing asexuality as simply different from, rather than inferior to, alternative ways of relating to others; describing asexuality as an orientation or identity; deemphasizing the importance of sexuality for human flourishing; developing new types of interpersonal relationships; and engaging in community building and outreach. From this, I argue that asexual resistance both disrupts sexual norms by undermining taken-for-granted assumptions about the universality of sexual desire while also reinforcing sexualization by continuing to place sexuality at the center of public discourse.

The final contribution of the dissertation is to show that using asexuality as an analytical tool and taking into account the narrativized experiences of self-identified asexual individuals necessitates a rethinking of certain concepts within the field of women's studies and sexuality studies. Specifically, I argue that thinking about contemporary asexualities encourages scholars to rethink the sex-negative/sex-positive distinction, the privileging of sexuality as the premier path to liberation, the equation of

human personhood with sexuality, the push to define sexual and reproductive rights as human rights, and the distinction between the sexual and the non-sexual.

Overall, this dissertation contributes to a broader and deeper understanding of how norms about sexuality are constituted and naturalized and how they might be re-envisioned in order to accommodate a greater diversity of ways of being in the world. The dissertation should be of interest to scholars working on issues related to sexual marginalization and regulation, sexual identity, and sexual ethics.

Theoretical Frameworks

This dissertation is broadly informed by theoretical insights generated from three fields: feminist science studies, sexuality studies, and disability studies. From feminist science studies, I draw two important insights. First, I take the insight that scientific and medical discourses, while purporting to be value-free, are always “value-laden;” in other words, they reflect the values of individual scientists and doctors, of scientific and medical communities, and of the broader societies in which they are located (Longino 1990; Keller 1992). This insight especially informs my analysis of biomedical approaches to sexual disinterest, as I show that these approaches reflect changing societal values about sexuality and non-sexuality. Second, from feminist science studies, I take the overarching perspective that nature and culture or biology and society are not two separate entities, but are always intertwined and co-constitutive. Donna Haraway has coined the neologisms *material-semiotic* (Haraway 1990a) and *natureculture* (Haraway 2003) to describe the imbrications of the material (biology, nature) and the semiotic (representation, culture, society). Drawing on the work of Donna Haraway, Judith Butler, and Bruno Latour, among others, Karen Barad proposes the related concepts of

phenomenon and *apparatus* to describe these imbrications. Both phenomena and apparatuses, according to Barad, are “intra-acting” material and semiotic entanglements. Phenomena are produced by specific apparatuses, which are boundary-drawing practices and are, themselves, phenomena (Barad 2007). This perspective especially informs my analysis of both biomedical approaches to sexual disinterest and asexual identity development; I do not see either as a simple expression of biology (as some medical professionals might claim is the case for Hypoactive Sexual Desire Disorder and as some asexual activists might claim is the case for asexuality). Nor do I see either as wholly imposed through labeling (as some critics of medicalization might claim is the case for Hypoactive Sexual Desire Disorder and as some critical theorists might claim is the case for asexuality). Rather, I see both Hypoactive Sexual Desire Disorder and asexuality as material-social phenomena produced through particular boundary-drawing practices.

From sexuality studies, I draw the important insight that the formation of so-called oppositional sexual identities is a fraught undertaking. Foucault, in particular, has highlighted the contradictory processes involved in the formation of oppositional sexual identities. According to Foucault, in the modern era, oppositional sexual identities have proliferated as a result of the operations of power, working through institutions and relationships such as the school, the prison, the doctor-patient relationship, and the analyst-analysand relationship. He writes, “These polymorphous conducts were actually extracted from people’s bodies and from their pleasures; or rather, they were solidified in them; they were drawn out, revealed, isolated, intensified, incorporated, by multifarious power devices” (Foucault 1990, 48). On the one hand, this production of sexualities gave power more access points (what Foucault calls “surfaces of intervention”) through which

to intervene in and regulate human bodies and lives, both at the individual level (“disciplinary power”) and at the population level (“governmentality,” “biopolitics”). On the other hand, this operation of power has produced counter-discourses and resistances. For example, according to Foucault, the production of homosexuality “...also made possible the formation of a ‘reverse’ discourse: homosexuality began to speak on its own behalf, to demand that its legitimacy or ‘naturalness’ be acknowledged, often in the same vocabulary, using the same categories by which it was medically disqualified” (Foucault 1990, 101). Still, this reverse discourse is not outside of power, and in fact is still part of “...the great deployment of sexuality” (Foucault 1990, 131).

To the extent that the contemporary asexual movement relies on the language of essentialism and identity politics, the movement can be seen as simply one more example of what Foucault has called the “proliferation of perversities,” giving power more access points through which to govern human lives. However, while acknowledging the very real limitations of the movement, I believe its radical potential lies in its ability to highlight the regulatory functions of compulsory sexuality and discourses of sexual liberation in both the broader society and within feminist and LGBTQ academic and activist communities (which, in some ways, was also part of Foucault’s project). In that sense, while asexuality can be seen as just one more letter or identity category to add to an ever expanding list—LGBTQQIA—like each of the other letters and the identities they stand in for, in its inclusion, the “A” (asexual) also disrupts some of the normative assumptions signified by the preceding letters. Still, even in its most radical incarnations, asexuality still remains firmly located within contemporary operations of power and the “great deployment of sexuality.”

The final field from which I draw theoretical insights is disability studies. From disability studies, I take a number of insights about the pathologization of non-normative bodies. According to a number of disability studies scholars, western societies have frequently approached human bodily variation through the lens of medicine—physical and mental states which differ from an idealized norm are often labeled disordered, doctors and medical professionals attempt to correct disordered bodies (in other words, bring them into line with the norm) through medical and technological interventions, and people with these bodily variations are stigmatized. This is the case even though, in many instances, the distress associated with a non-normative physical or mental state is often the result not so much of the state itself as it is the result of social stigma, discrimination, and the fact that the built environment is not designed to accommodate these bodily variations. However, disability studies scholars have also recognized that a complete rejection of medical approaches is not viable. Some bodily variations do cause pain, which can be alleviated through medical approaches. Disability studies scholars have also argued that traditional activist critiques of medicalization can have at least three major pitfalls: first, often these critiques do not challenge stigma against ill people in general, they simply try to move certain groups outside of the category of illness. Second, often they adopt the essentialist position that people should embrace or be true to the body and mind that they are born with and that efforts to transform the body or mind through medical and technological interventions are illegitimate. Third, they often lead to the policing of community borders—people who do employ medical or technological interventions are seen as in some way betraying the community. Thus, as a result, disability studies scholars have attempted to develop ways to critique the normalizing

power of medicine, while also making room for medical approaches (Wendell 2013; Siebers 2008; McRuer 2006; Thomson 1997).

I draw especially on disability studies in my analysis of medical approaches to low sexual desire, arguing that these approaches reflect ableist assumptions about normal sexuality and about the disordered nature of low sexual desire when, in fact, low sexual desire may be experienced as simply a benign variation from the idealized norm. In addition, I draw on insights from disability studies in my analysis of the narrativized experiences of self-identified asexuals, recognizing the ways in which distress may result not from a lack of interest in sex, but from the stigmatization of asexuality and from the lack of social support available to people who identify as asexual. At the same time, I attempt to make room for medical approaches to sexual disinterest, and I seek to avoid reifying asexuality as an identity, instead allowing for movement into and out of the category.⁹

Methods

In this dissertation, I use *asexuality* as an analytical lens through which to examine the social world. Feminist scholars have argued for the importance of using *gender* as an analytical lens through which to examine social interactions and social hierarchies. This methodology involves examining discourses and practices for the ways in which they reflect assumptions about gender and work to organize the social world on

⁹ There are also interesting similarities between the efforts of disability activists to reclaim the word *disability* and the efforts of asexual activists to reclaim the word *asexuality*. Both terms have a negative prefix (dis- or not able, a- or not sexual). In both cases, community building, identity claims, and political activism attempt to rehabilitate words that denote negation.

the basis of these assumptions. In using asexuality as an analytical tool or category, I similarly examine discourse and practices for the ways in which they reflect assumptions about various forms of non-sexuality and asexuality and work to organize the social world on the basis of these assumptions. More specifically, in using *asexuality* as an analytical lens, I read medical and feminist texts about sexuality and non-sexuality with attention to explicit and implicit answers to the following questions: According to the text, is sexual desire a universal motivating force for all people? According to the text, what is the purpose of sexual desire and activity? Does the text present non-sexuality as a problem and what solutions (if any) are proposed to remedy the problem of non-sexuality?

Feminist scholars have identified a number of problems with using gender as a category of analysis; one of the most critical problems of this approach is that it often relies on or promotes the idea that gender is out there, operating everywhere, universally and inevitably, and that the operations of gender are simply waiting to be revealed by analysis. In critiquing the use of gender as a category of historical analysis, Jeanne Boydston writes:

Categories of analysis are not analytically neutral. They are not mere frameworks for organising ideas. They are frameworks that reflect and replicate our own understandings of the world. The moment we cease to acknowledge that aspect of their work and invest any particular category of analysis with the authority of permanence and universality, we cease to be historians and become propagandists of a particular epistemological order (Boydston 2008, 560).

With these critiques in mind, it is important to emphasize that asexuality is not a permanent or universal category, but rather what Karen Barad describes as an apparatus or boundary-drawing practice, through which certain meanings become temporarily stabilized (Barad 2007). In using asexuality as an analytical lens, I am not suggesting that assumptions about asexuality operate everywhere, universally, but rather that asexuality is a subjective category that can be used as an apparatus to temporarily stabilize certain meanings within a text, to useful effect.

In addition to textual analysis, I also use qualitative methods to learn more about how individuals who identify as asexual are affected by compulsory sexuality. During the research phase, I analyzed content posted on websites for self-identified asexual individuals and conducted participant observation at local meetings for self-identified asexual individuals in the Atlanta area. In addition, I conducted thirty in-depth interviews with individuals from across the United States who identified as asexual. I recruited participants from the Asexuality Visibility and Education Network (AVEN), the largest online asexual community. Twenty-five interviews were conducted in person; five were conducted over the phone. During the interviews, I asked participants to talk about their life histories, focusing on how they had come to identify as asexual, whether they had ever experienced stigma as a result of their disinterest in sex or (a)sexual identity, and what changes, if any, they would like to see in societal attitudes towards (a)sexuality. I then transcribed, coded, and analyzed interviews, focusing on themes that I identified in the existing scholarship on asexuality and that emerged in the analysis of the interviews themselves (Rubin and Rubin 2004). I discuss my methods for the interview portion of my research in greater depth in Chapter 4.

Here it is worth emphasizing that I do not approach these interviews as providing transparent access to an external reality. The interview transcripts reflect the influence of the apparatus of the interview itself, and well as the self-understandings and self-presentations of the interview subjects, which, in turn, are influenced by their participation in online asexual communities and by their desire to increase the visibility of and acceptance for asexuality as a sexual identity or orientation. Again, these are issues that I will discuss in greater depth in Chapter 4.

Historical and Geographic Location of Dissertation

My focus in this dissertation is limited to a specific geographic location and time period. Although the online asexual movement is now a transnational phenomenon, it began in the United States, and the majority of self-identified asexuals live in the United States and other western countries. Thus, my geographic focus will be primarily on the United States, with reference to other areas where appropriate. My primary historical focus will be from the late nineteenth century to the present. As noted above, according to a number of scholars, it was in the late nineteenth century that large parts of western society began to view sexuality as an essential aspect of personhood. It is this so-called modern conviction that in some ways created the conditions of possibility (or necessity) for the emergence of the contemporary asexual movement.

Position of Researcher

As feminist standpoint theorists and others have argued, the history and identity of a researcher are relevant in that they influence the values of the researcher, which in turn influence the research questions, the methods of investigation, and the interpretation of data. As feminist standpoint theorists have argued, values cannot be eliminated from

research, rather their role should be acknowledged and interrogated (Haraway 1988; Harding 1992; Longino 1990). Sandra Harding writes, “strong objectivity requires that the subject of knowledge be placed on the same critical, causal plane as the objects of knowledge. Thus, strong objectivity requires what we can think of as ‘strong reflexivity’” (Harding 1992, 69). In part as a result of my situatedness, I bring a number of values to this project. The most important to acknowledge and interrogate is the fact that I see myself as an ally to individuals who identify as asexual. This orientation has led me to seek to understand the perspective of individuals involved in asexual communities and to interpret their words and actions generously. Although I critique the politics of identity-based movements and associated calls for visibility and recognition, I consider myself a supporter of the contemporary asexual movement. I hope that this dissertation contributes, in a small way, to making the world a more livable place for people who identify as asexual and for others who may not identify as asexual but whose levels of interest in sex or levels of sexual activity are less than what is considered normal by society. At the same time, I have attempted to interrogate how my particular values have shaped my interpretations and have relied on others to identify what I have not been able to see on my own.

Key Terms

Here I offer some preliminary definitions of terms that will be important in this dissertation:

Asexuality and Non-Sexuality: In the past ten years, some individuals have begun to explicitly identify as asexual and to form online communities. The largest online community is the Asexuality Visibility and Education Network (AVEN). According to

the AVEN website, “An asexual is someone who does not experience sexual attraction.” In some instances, AVEN presents asexuality as a sexual orientation akin to heterosexuality or homosexuality. In other instances, AVEN presents asexuality as a label, stating, “at its core, it’s just a word that people use to help figure themselves out. If at any point someone finds the word asexual useful to describe themselves, we encourage them to use it for as long as it makes sense to do so.” The meaning of “not experiencing sexual attraction” is of course not self-evident; part of the work of the dissertation will be to explore how this definition is understood by different people in different contexts. In general, in this dissertation, I use the term *asexuality* only in cases where a person has explicitly adopted an asexual identity. I use the term *non-sexuality* to characterize phenomenon related to asexuality (such as sexual disinterest or an absence of sexual behavior) in cases where the individuals have not adopted an asexual identity.

Sexual Identity/Sexual Orientation: Scholars have differentiated between *sexual desire*, *sexual activity/behavior*, *sexual identity*, and *sexual orientation*. Scholar Ed Stein helpfully distinguishes between *sexual identity* and *sexual orientation*. According to Stein, *sexual identity* is defined by how one consciously understands one’s own sexuality (who do I think I am sexually), and does not necessarily depend on either desires or behavior. *Sexual orientation*, however, is a “disposition” based on a person’s “sexual desires and fantasies and the sexual behaviors he or she is disposed to engage in under ideal conditions” (Stein 2001, 45), and does not necessarily depend on whether a person consciously adopts a particular sexual identity. Conceptualized as a sexual identity, an asexual is any person who identifies as asexual. Conceptualized as a sexual orientation, an asexual is any person who is disposed to not feel sexual attraction/desire—*asexuality*

as it has been defined by the asexual community is not fundamentally dependent on a disposition to engage (or not engage) in any particular sexual behavior.

Sexual Desire/Sexual Attraction: Part of the work of the dissertation will be to explore different meanings of the terms *sexual desire* and *sexual attraction*. For the time being, I employ the following working-definition (while acknowledging that this definition may raise as many questions as it answers): *sexual desire* or *sexual attraction* is the subjectively experienced motivation to engage in sexual behavior. A number of terms are or have been associated with sexual desire and sexual attraction, including: *lust*, *libido*, *sexual instinct*, *sexual drive*, *sexual arousal*, and *sexual motivation*. These various terms are used differently in different fields and even within particular fields. For example, some members of AVEN use *sexual desire* and *sexual attraction* interchangeably. Other members use *sexual desire* to describe a general feeling of sexual arousal, a desire for self-stimulation, or a desire that is not directed at a particular sexual object (undirected desire), while using *sexual attraction* to describe a specific desire to engage in sexual activity with a particular individual (desire directed toward an external object). Part of the work of this dissertation will be to parse out the meanings ascribed to these terms by different thinkers in different historical contexts. For now I simply use *sexual desire* and *sexual attraction* interchangeably as umbrella terms.

Medicalization and Pathologization: A number of scholars have described *medicalization* as the expansion of medical authority over aspects of life not previously considered to be medical issues. Scholars use *pathologization* to describe a process whereby an individual, group, or aspect of being comes to be seen as medically or

psychologically abnormal. Generally, scholars who use the terms *medicalization* and *pathologization* are employing them as critiques (see Clarke et al. 2003 for an overview).

Sex-Negativity and Sex-Positivity: These terms were popularized by Wilhem Reich (see Reich 1963), who used them to characterize societies as either sexually repressive or sexually liberal. The term *sex-positivity* has been used in the United States by a number of sexual health educators and sex therapists (Irvine 2004). Some feminist scholars and queer theorists have also adopted the term *sex-positive* (for example, Carol Queen). In this dissertation, I use *sex-negative* as a general term to describe a belief that sex is only appropriate when it is potentially procreative and occurs within a married heterosexual relationship. I use *sex-positive* as a general term to describe a belief that the expression of sexuality is good for individuals and societies.

Chapter Outline

Following this introduction, in Chapter 2, I use asexuality as a lens through which to examine medical approaches to low sexual interest. Medical discourses have played a key role in making sexuality compulsory; since at least the late nineteenth century, western biomedical discourses have explicitly characterized low sexual interest as a medical or psychological disorder in need of treatment. For example, in the late nineteenth century, sexologist Krafft-Ebing's diagnostic category for low sexual desire was "sexual anesthesia" (Oosterhuis 2000). In the 1920s and 1930s, some psychotherapists applied the diagnostic category of "frigidity" to women who experienced low levels of sexual interest (Gerhard 2000). In the 1970s, sex therapists developed the diagnostic categories of "Inhibited Sexual Desire" (ISD) and "Hypoactive Sexual Desire" (HSD) to describe women and men with little or no sexual desire (Irvine

1993). These diagnostic categories were quickly incorporated into the third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III) (Irvine 1993). In the past fifteen years, pharmaceutical companies, doctors, and researchers have worked together to define female HSDD as a biologically-based desire disorder amenable to treatment through medication (Fishman 2004).

In Chapter 3, I use asexuality as a lens through which to examine attitudes towards non-sexuality within feminist scholarship. In this chapter, I identify a history of asexuality-positive thinking within feminist activism and scholarship. This history offers important insights for thinking about contemporary asexualities. For example, those strands of feminism in the late nineteenth and early twentieth centuries that celebrated spinsterhood as “one door into the palace of full, vivid, ecstatic life” may help scholars to understand contemporary asexualities as fulfilling ways of being in the world, while those strands of feminism in the late 1960s and 1970s that called for celibacy as a radical political tactic may help scholars to understand the political ramifications of the contemporary asexual movement. However, an examination of this history also suggests that asexuality-positive trends within the history of feminism have frequently been aligned with theoretical dogmatism, anti-sex moralism, and efforts to regulate the sexuality of socially marginalized women. In this chapter, I also analyze the ways in which other strands of feminism have actually contributed to compulsory sexuality for women. These strands include the “new moralism” of the early twentieth century, the politics of the orgasm promoted by early second wave feminists, some aspects of cultural/lesbian feminism in the late 1970s and 1980s, and sex-positive and Third Wave feminism in the 1990s and 2000s. Many of these strands have adopted similar approaches

to female sexuality and nonsexuality, including: female nonsexuality is disdainful; female nonsexuality is either a patriarchal myth or the product of patriarchal oppression; female sexuality is a natural or biological drive; sexual activity is necessary for physical and mental well-being and for the maintenance of intimate relationships; sexuality is a spiritual resource; liberated woman must discover and express their own sexual desires (and while most feminists have hesitated to define what these desires will or should look like, the underlying assumption is usually that they will look like *something*, not nothing); and/or the pursuit of sexual pleasure by women is a revolutionary, transgressive, or subversive activity. It is my argument in this chapter that these recurrent elements within the history of feminist thought and praxis have served to reinforce regimes of compulsory sexuality.

In Chapter 4, I draw on the results of my interviews to analyze the efforts of self-identified asexual individuals to both resist and accommodate themselves to compulsory sexuality. I demonstrate the impact of compulsory sexuality on the lives of my interviewees in four commonly reported experiences: reported experiences of pathologization, reported experiences of isolation, reported experiences of unwanted sex and relationship conflict, and reported experiences in which self-identified asexual individuals were told that they did not know their own sexual desires. I also identify five strategies that interviewees used to respond to compulsory sexuality: describing asexuality as simply different from, rather than inferior to, alternative ways of relating to others; describing asexuality as an orientation or identity; deemphasizing the importance of sexuality for human flourishing; developing new types of interpersonal relationships; and engaging in community building and outreach. From this, I argue that asexual

resistance both disrupts sexual norms by undermining taken-for-granted assumptions about the universality of sexual desire while also reinforcing sexualization by continuing to place sexuality at the center of public discourse.

In Chapter 5, I suggest that thinking about asexualities (both the contemporary asexual movement and asexuality as a concept) can lead to important insights for women's studies and sexuality studies. I use asexuality to think about the sex-negative vs. sex-positive distinction, the privileging of sexual expression as the premier pathway to liberation, and the compulsory status of sexuality. I then sketch the outlines of a sexual and reproductive justice platform based on insights gained from thinking about asexuality. I conclude by mediating on the distinction between the sexual and the nonsexual, arguing that this distinction is stabilized at both a societal level and an individual level through boundary-drawing practices.

Chapter 2: “There Is a Great Deal of Denial in This Population”: Biomedicine and Compulsory Sexuality

In this chapter, I examine the pathologization¹⁰ of sexual disinterest¹¹ by medical and mental health professionals from the late nineteenth century to the present in Europe and the United States. At various points during this time period, medical and mental health professionals defined a lack of interest in sexual activity or aversion to sexual activity as a disorder requiring treatment. Various terms, from *sexual anesthesia* to *frigidity* to *hypoactive sexual desire disorder*, have been used to describe this so-called illness, which has generally been conceptualized as a pathological diminution of the sex drive or a pathological absence of sexual desire.

While I focus on the pathologization of sexual disinterest, it is important to recognize that many other forms of non-sexuality were also pathologized at various points during this time period, including celibacy, sexual incapacity (often called impotence or erectile dysfunction),¹² and non-enjoyment of sexual intercourse (often called orgasmic disorder). In some cases, the pathologization of sexual disinterest cannot

¹⁰ I use pathologization to describe a process whereby an individual, group, or aspect of being comes to be seen as medically or psychologically abnormal.

¹¹ I am tracing the history of medical approaches to sexual disinterest. I am not claiming that sexual disinterest is the same thing as contemporary asexuality, however disinterest in sex is broadly similar to the definition of asexuality used by AVEN (lacking sexual attraction to other people), thus understanding medical attitudes towards sexual disinterest (and non-sexuality more broadly) is relevant to understanding medical (and societal) attitudes towards contemporary asexual phenomena.

¹² For a history of medical and mental health approaches to impotence, see (McLaren 2007).

be separated out from the pathologization of other types of non-sexuality: for example, in some time periods, the category *frigidity* could describe disinterest in sexual activity and/or non-enjoyment of sexual activity. Thus, while my primary focus will be on the pathologization of sexual disinterest, I will also examine the pathologization of other forms of non-sexuality when those processes intersected with the pathologization of sexual disinterest.¹³

In addition, it is important to emphasize that while medical and mental health professionals were pathologizing non-sexuality, at many points during this time period, they were also pathologizing so-called excessive sexuality (for example, nymphomania, sex addiction, etc.),¹⁴ and various forms of so-called sexual perversions or deviations (for example, homosexuality, gender variant behavior, masturbation, sadism and masochism,

¹³ My approach is thus somewhat different than that of Peter Cryle and Alison Moore in their recent book, *Frigidity: An Intellectual History* (2012). In this book, Cryle and Moore in some instances trace the history of a word (“frigidity”) and its shifting referents and in some cases trace the history of a referent (“non-receptivity of a person to a particular desire or sexual expectation of another”) and its shifting linguistic signs (Cryle and Moore 2012). In this chapter, I focus more on tracing the history of a referent (disinterest in sex), but in doing so I am not suggesting that this is a stable phenomenon. Rather, throughout I ask: in a particular historical context, did the medical establishment view sexual disinterest as a problem, and, if so, in what ways?

¹⁴ For a history of medical approaches to nymphomania, see Groneman 2001. For a history of the development of sex addiction as a disorder, see Irvine 1993.

fetishism, etc.).¹⁵ Thus, the pathologization of sexual disinterest should be seen as part of a broader pathologization of non-normative sexual behaviors, desires, and identities. Adding an analysis of the pathologization of sexual disinterest and other forms of non-sexuality to an analysis of the broader pathologization of non-normative sexuality demonstrates, however, that medical and mental health professionals cannot be described as unremittingly anti-sex or sex-negative. Rather, these medical and mental health professionals were often pro-sex or sex-positive about certain forms of sexual activity—generally, in the early part of the twentieth century, medical professionals promoted monogamous heterosexual reproductive sexuality, but in the later part of the twentieth century, many different sexual identities, behaviors, and desires received a medical stamp of approval.

In fact, the primary claim of this chapter is that over the past century, medical and mental health professionals have attempted to police sexuality not only by pathologizing so-called excessive or deviant forms of sexuality, but also by pathologizing different forms of non-sexuality, including sexual disinterest. Reading medical and mental health discourses about sexual disinterest through the lens of non-sexuality and asexuality brings into focus the fact that many medical and mental health professionals could not conceptualize non-sexuality as a potentially fulfilling way of being in the world. In promoting this view through their writings and clinical practice, medical and mental

¹⁵ For a history of medical approaches to homosexuality in the United States, see Terry 1999. For a history of medical approaches to transsexuality, see Meyerowitz 2002. For a history of medical approaches to masturbation see (Laqueur 2004).

health professionals may have contributed to compulsory sexuality, or social pressure to identify as a desiring subject and engage in sexual activity.

Methodology and Scope

In this chapter, I use asexuality as an analytical lens through which to examine the history of biomedical discourses about sexual disinterest.¹⁶ I focus on western biomedical discourses from the late nineteenth century to the present.¹⁷ It is important to emphasize that this chapter is hardly an exhaustive history of the pathologization of sexual disinterest. Rather, this chapter focuses on key moments and key people in this history, in the hopes of illuminating recurrent themes in the history of medical approaches to sexual disinterest. It is also important to emphasize that in this chapter, I focus only on expert or prescriptive literature. Such literature can help us to understand how sexual norms have been developed and promoted by certain segments of society. However, examining such literature alone cannot necessarily tell us how readers interpreted these texts or how these norms about sexuality actually impacted the lives of ordinary people (Neuhaus 2000). In Chapter 4, I demonstrate how medical and mental health discourses have impacted the lives of people who identify as asexual.

Themes

Here I briefly outline the primary themes that emerge in the history of medical approaches to sexual disinterest:

¹⁶ For a fuller discussion of my methodology, please see Chapter 1.

¹⁷ For a fuller discussion of the geographical and historical limits of this project, please see Chapter 1.

The pathologization of sexual disinterest is not a new phenomenon, but the way in which sexual disinterest has been pathologized has changed over time: As I will explain, sexual disinterest was considered to be a physical or psychological disorder in the west as early as the late nineteenth century. However, there appears to have been less medical attention to sexual disinterest in the mid twentieth century, although other forms of non-sexuality were considered problematic. Medical attention to sexual disinterest increased in the late 1970s and 1980s, when sexual disinterest was defined primarily as a psychological problem. More recently, some medical professionals have sought to redefine sexual disinterest as an organic or physiological disorder.

In addition, over this time period, the universe of people who could be diagnosed with a desire disorder has expanded. In the early part of the twentieth century, homosexuality itself was considered disordered, but by the 1970s, as homosexuality became more accepted by society, lesbians and gay men could be diagnosed with a desire disorder if they felt comparatively low levels of sexual desire for a same-sex partner. As the sexual desires of groups previously deemed asexual by society (for example, older people and people with disabilities) began to be recognized, individuals in these groups became part of the universe of people who could be diagnosed with a desire disorder.

*The pathologization of sexual disinterest has involved the “intra-action”¹⁸ of medical and mental health professionals, patients, and broader social, cultural, political and economic processes. A number of scholars have used the concept of *medicalization* to describe the expansion of medical authority over aspects of life not previously*

¹⁸ “Intra-action” is Karen Barad’s term (Barad 2007). For a fuller explanation of this term, please see Chapter 1.

considered to be medical issues (Clarke et al. 2003). It is tempting to see the pathologization of sexual disinterest as a case study of medicalization. However, to the extent that the term *medicalization* conveys the impression that powerful medical professionals imposed their ideas on unwilling patients and an unwilling public, then it is not an accurate description of the pathologization of sexual disinterest. Rather, medical and mental health professionals concerned about sexual disinterest “intra-acted” with patients seeking treatment for sexual disinterest, and, in turn, both were influenced by broader social trends, including changing gender roles.

The pathologization of sexual disinterest has been influenced by ideas about race, class, gender, ability/disability, and other social categories. Throughout much of this period, medical and mental health professionals saw sexual disinterest as a problem primarily afflicting white and middle class individuals. Particularly in the early twentieth century, people of color and working class people were thought to be more sexual than white, middle class individuals (Groneman 1994), and thus many medical professionals thought working class people and people of color did not suffer from conditions such as frigidity (see, for example Ellis 1936).

In addition, medical approaches to sexual disinterest were strongly shaped by ideas about gender. Throughout much of this time period, men were thought to have stronger sex drives than women. Women were expected to desire sex, but with less intensity than men (Groneman 1994). Still, if women expressed a total lack of interest in sex, this was seen as pathological. In addition, many medical professionals in the twentieth century assumed that it was more common for women than men to suffer from a pathological sexual desire disorder.

The pathologization of sexual disinterest has been influenced by conceptions of sexual desire. As I will show, most of the medical and mental health professionals involved in the pathologization of sexual disinterest have conceptualized sexual drive or sexual desire as a so-called natural and biological phenomenon. At the same time, they have conceptualized sexual desire functionally—in other words, they identified a purpose or function of sexual desire, whether it was to encourage reproduction, strengthen pair-bonding, or produce pleasure. This simultaneously biological and functional understanding of sexual desire allowed these medical and mental health professionals to see sexual disinterest as pathological—a lack of sexual interest indicated both a biological and functional impairment.

Overall, the pathologization of sexual disinterest reflects the fact that many medical and mental health professionals could not conceptualize non-sexuality as a potentially fulfilling way of being in the world, and thus may have contributed to compulsory sexuality. Using asexuality as a lens through which to analyze medical and psychiatric discourses about sexual disinterest reveals the commitment of these discourses to certain sex-positive values. Most of the medical and mental health professionals involved in the pathologization of non-sexuality promoted the idea that among adults, sexual desire is universally present. If it is absent, its absence is a sign of disorder. In addition, many of these medical and mental health professionals promoted the idea that sexual desire is never, or almost never, truly absent—it may be hidden, repressed, or not yet awakened; and if it is superficially absent, it can and should be restored by treatment, whether that treatment involves counseling or medication.

These views of sexual desire and sexual disinterest reflect the fact that many medical and mental health professionals could not conceptualize non-sexuality as a potentially fulfilling way of being in the world. In turn, by promoting these ideas in their writings and clinical practice, these medical and mental health professionals may have contributed to compulsory sexuality and to the stigmatization and/or marginalization of non-sexual or self-identified asexual individuals. In Chapter 4, I examine the impact of the pathologization of sexual disinterest on self-identified asexual individuals.

Brief Introduction to Medical Approaches to Sexuality

Western medical approaches to sexuality have changed significantly over time, reflecting changing social and cultural values and debates about sexuality. For example, according to Thomas Laqueur, prior to the late eighteenth century, female orgasm was generally regarded as necessary for conception and female reproductive organs were generally regarded as homologous to male reproductive organs. During the eighteenth century, however, doctors and scientists began to argue that female orgasm was not necessary for conception and female reproductive and sexual organs were fundamentally different from male reproductive and sexual organs. According to Laqueur, this changing viewpoint was the result not only of changing medical knowledge; instead the new view of women's sexuality was used to justify the exclusion of women from new democratic institutions (Laqueur 1986). According to other historians, up until the eighteenth century, medical professionals often viewed women as more lustful than men, in the late eighteenth and early nineteenth centuries, many began to view white, middle class women as less interested in sex. According to Cott, again this change was not necessarily driven by scientific advances, rather doctors adopted a position that had already been

diffused by evangelical Protestants (Cott 1978). Similarly, according to Barker-Benfield, views of male sexuality and masturbation in the nineteenth century were also influenced by social, political, and economic contexts; white middle class men were urged to conserve their energy in order to survive in a competitive capitalist economy; ejaculation was thought to sap a man's energy and thus men were enjoined to avoid wasting their energy in masturbatory acts (Barker-Benfield 1972). As I will argue, medical approaches to sexual disinterest were similarly influenced by social and cultural values and by political and economic exigencies.

Ideas about Sexual Disinterest Prior to the Nineteenth Century

Certainly sexual disinterest was a concern long before the nineteenth century, a fact attested to by the existence from antiquity to the present of literature recommending different aphrodisiacs (McLaren 2007).¹⁹ According to McLaren and Cryle and Moore, men were sometimes accused of frigidity or impotence in annulment trials in ecclesiastical courts in early modern Europe. The terms *frigidity* and *impotence* could refer to a lack of interest in intercourse, an inability to experience pleasure in intercourse, an inability to engage in intercourse, and/or an inability to produce semen (or “seed”) during intercourse (McLaren 2007; Cryle and Moore 2012).²⁰ Most ecclesiastical thinkers were not concerned about frigidity or impotence in women (except in rare cases where a physical impediment actually prevented copulation), because women were seen as capable of participating in copulation without desire or pleasure or the production of

¹⁹ Aphrodisiacs were listed separately from cures for impotence (McLaren 2007).

²⁰ Infertility alone was not grounds for annulment as long as the sex act could be completed (McLaren 2007; Cryle and Moore 2012).

seed. One exception was Paolo Zacchia (1584-1659) who thought that women could be frigid or impotent if they failed to produce seed (Cryle and Moore 2012). According to Cryle and Moore, the ideas about frigidity and impotence developed in the ecclesiastical courts were influential in shaping later medical approaches to sexual disinterest (Cryle and Moore 2012).

Medical Interest in Sexual Disinterest: Sexual Anesthesia, Marriage Manuals, Freud and His Influence, Hormone Research

In the nineteenth century, medical doctors began to concern themselves with frigidity and impotence, terms which were used, again, to describe disinterest in sex, inability to experience pleasure during sex, and/or inability to engage in sex. At first, there continued to be a greater focus on frigidity and impotence in men (Cryle and Moore 2012). The ideal of “passionlessness” that emerged in the late eighteenth century in regards to the sexuality of middle-class women (Cott 1978) no doubt prevented many women and their doctors from viewing sexual disinterest in women as problematic. Yet, by the mid nineteenth century, doctors began to view frigidity and impotence as disorders in both men and women. Cryle and Moore highlight the work of two physicians, Felix Roubaud and Pierre Garnier, for their work on frigidity and impotence in both men and women (Cryle and Moore 2012). According to Cryle and Moore, by the turn of the twentieth century, there was a proliferation of works on frigidity by doctors, sexologists, and, eventually, psychoanalysts.

Here I focus on the Austro-German psychiatrist Richard von Krafft-Ebing’s (1840-1902) articulation of sexual disinterest as a disorder, as Krafft-Ebing was one of the most important figures in the development of modern sexual science. The first edition

of his major work, *Psychopathia Sexualis*, was published in 1886 and contained fifty-one case histories. The twelfth edition, which was the last one he worked on before he died, contained information from over three hundred cases (Oosterhuis 2000, 47). In his work, Krafft-Ebing divided the sexual perversions into several broad categories of perversion: paradoxia (abnormal periods of sexual activity, for example, in childhood or in old age), anesthesia and hyperesthesia (pathological absence or increase of the sexual drive), and paraesthesia (perverse expression of the sexual drive) (Davidson 2001). Krafft-Ebing himself was most interested in the paraesthesias, focusing primarily on sadism, masochism, fetishism, and contrary sexual instinct (or homosexuality), but also describing exhibitionism, bestiality, pedophilia, necrophilia, urolagnia, coprolagnia, nymphomania, satyriasis, and incest, among others (Oosterhuis 2000, 47). Here I am most interested in Krafft-Ebing's definition and description of sexual anesthesia.

Three important ideas contributed to Krafft-Ebing's definition of low sexual motivation as pathological: his psychological and functional understanding of the sexual instinct, his belief in the constructive power of sexuality, and his belief that sexuality is a telling expression of an individual's personality. According to Davidson and Oosterhuis, Krafft-Ebing primarily understood the sexual instinct functionally and psychologically. On the one hand, Krafft-Ebing adopted a physiological understanding of the sexual instinct—he saw it as arising from the nervous system and from a particular center in the cerebral cortex. He suggested that the center for sexual desire was located next to the center for olfaction. However, scientists at the time could not identify the precise biological substrates of the sexual instinct and they could not characterize the sexual disorders by observing biological disturbances in particular regions of the brain. Rather,

Krafft-Ebing primarily treated the sexual instinct as a psychological phenomenon, and he understood it functionally. He proceeded as though there was a natural function of the sexual instinct (primarily reproduction) and he categorized phenomena that deviated from this natural function (for example, homosexuality) as disturbances or diseases of the sexual instinct (Davidson 2001; Oosterhuis 2000). According to Davidson (2001), it was Krafft-Ebing's functional understanding of the sexual instinct that allowed for his understanding of perversion. Davidson writes, "The notions of perversion and function are inextricably intertwined. Once one offers a functional characterization of the sexual instinct, perversions become a natural class of diseases; and without this characterization there is really no conceptual room for this kind of disease" (Davidson 2001, 14). Because Krafft-Ebing saw the sexual instinct as a psychological phenomenon with the natural function of reproduction, he could conceptualize a decrease or absence of the sexual instinct as contrary to its natural function, and, thus, as pathological. Therefore, his functional and psychological understanding of the sexual instinct played a key role in his development of sexual anesthesia as a diagnostic category.

Also central to his understanding of sexual anesthesia was his belief in the constructive power of sexuality. According to Oosterhuis (2000), although Krafft-Ebing primarily saw the purpose of sexuality as reproductive (and characterized non-reproductive sexuality, when enjoyed for its own sake, as deviant), Krafft-Ebing also identified a larger constructive role for sexuality:

Sexual life is no doubt the one mighty factor in the individual and social relations of man that discloses his powers of activity, of acquiring property, of establishing a home, and of awakening altruistic sentiments toward a person of the opposite

sex, toward his own children, as well as toward the whole human race. Sexual feeling is really the root of all ethics, and probably also of aestheticism and religion (Krafft-Ebing 1906, 1–2).

In addition, according to Oosterhuis, Krafft-Ebing specifically saw sexuality as an important, indeed essential, part of a loving relationship. In fact, as Krafft-Ebing began to see affection (and not simply reproduction) as the purpose of sexual desire and activity, his attitudes toward homosexuality softened—by the end of his life, he agreed that homosexuality was not a disease and he eventually supported the decriminalization of homosexuality. While this view of sexuality as constructive and as an important part of affectionate relationships may have led Krafft-Ebing to adopt a more tolerant attitude toward some types of sexual expression, it simultaneously supported his belief in the pathological nature of sexual anesthesia. As we will see, he saw sexual anesthetics as lacking the motivation to develop social bonds—according to Krafft-Ebing, because sexual anesthetics lacked any sexual drive, they were not propelled to form affectionate bonds with others (Oosterhuis 2000).

The third idea that contributed to Krafft-Ebing's understanding of sexual anesthesia was his belief that sexuality is the best expression of an individual's personality. According to Davidson, nineteenth century psychiatrists, including Krafft-Ebing, saw sexuality as revealing the “individual shape of the personality” (Davidson 2001, 21). Krafft-Ebing writes, “The [sexual] anomalies are very important elementary disturbances, since upon the nature of sexual sensibility the mental individuality in greater part depends” (Krafft-Ebing 1905, 81). According to Davidson, because Krafft-Ebing saw particular sexual anomalies as providing broader insight into an individual's

entire personality, he saw sexual anesthesia as evidence of a more generalized anti-social personality.

These three ideas—the idea that the sexual instinct is a psychological phenomenon that may be pathologically absent or lessened, the idea that sexuality is a constructive force in society and essential for the formation of affectionate social bonds, and the idea that a person’s sexuality reflects their whole personality—led Krafft-Ebing to define sexual disinterest as pathological and to characterize sexual anesthetics as anti-social. Krafft-Ebing discusses sexual anesthesia in a number of different places. He describes one case in an article from 1899 titled “Uber Anaesthesia sexualis congenita” (“About Congenital Sexual Anesthesia”).²¹ In this article, he presents the case history of Mr. X, a twenty-nine-year old business man. Mr. X was distressed because he wanted to marry, but while he was physically capable of sexual activity, he lacked sexual feelings. He visited brothels, but he described this as satisfying a purely physical impulse, and he never experienced emotion during sex or feeling toward his sexual partner. Reflecting on Krafft-Ebing’s analysis of this case, among others, Oosterhuis writes,

Other cases of anesthesia also show that the problem was not so much impotency as the missing of the psychic impulse to engage in a sexual relation. The sexual instinct was not only important for reproduction, Krafft-Ebing stressed, but also for the full psychological development of individuals and for engaging in a love bond, the glue of marriage. Again and again, he noticed that patients suffering from sexual anesthesia tended to be unsociable and emotionally underdeveloped:

²¹ I could not find an English translation of this article, so I rely on Oosterhuis (2000) for his interpretation and translation of this article.

“The area of social, altruistic feelings, which are rooted in the sexual instinct, is always substantially injured. Individuals with such a sexual malfunction can only be rational persons, they are never men of feeling” (Oosterhuis 2000, 63).

Krafft-Ebing also includes a number of case histories of sexual anesthetics in *Psychopathia Sexualis*.²² A 1906 English translation includes eight cases of sexual anesthetics. Krafft-Ebing classifies the first six of these cases (five men and one woman) as congenital sexual anesthetics:

Only those cases can be regarded as unquestionable examples of absence of sexual instinct dependent on cerebral causes, in which, in spite of generative organs normally developed and the performances of their functions (secretion of semen, menstruation), the corresponding emotions of sexual life are absolutely wanting. These functionally sexless individuals are rare cases, and, indeed, always persons having degenerative defects, in whom [there are] other functional cerebral

²² According to Oosterhuis, Krafft-Ebing included three cases of sexual anesthetics (all male) in his first classificatory work on sexual pathology in the *Archiv fur Psychiatrie* (1877) (Oosterhuis 2000, 135). In a table, Oosterhuis also claims that Krafft-Ebing included nine cases of sexual anesthesia (all men) in his different editions of *Psychopathia Sexualis*, all of which were borrowed from other sources (Oosterhuis 2000, 153). However, the 1906 English translation by F.J. Rebman of the Twelfth German Edition of *Psychopathia Sexualis* contains eight cases of sexual anesthesia, including one woman, and at least two (probably three) of the cases appear to be Krafft-Ebing's own. I do not know the reason for this discrepancy.

disturbances, states of psychical degeneration, and even anatomical signs of degeneration (Krafft-Ebing 1906, 61).²³

The first three of these cases (all men) appear to have been Krafft-Ebing's own patients. The first (K.) consulted Krafft-Ebing for advice about his "abnormal sexual condition." It is not clear why the second man (W.) saw Krafft-Ebing, while the third man (P.) sought help as a result of "spastic spinal paralysis." Yet, although all three men appear to have sought Krafft-Ebing's help, they do not seem particularly troubled by their absence of sexual interest. Of K., Krafft-Ebing writes, "excepting this want of sexual instinct, K. considered himself quite normal. No psychical defects could be detected. He was fond of solitude, but of a frigid nature, without interest in the arts or the beautiful, but a highly efficient and esteemed official" (Krafft-Ebing 1906, 62). Of W., he writes, "His deficiency did not seem to cause him any worry," and of P., he writes, "Patient did not feel this absence of sexual sensation" (Krafft-Ebing 1906, 62–63). Krafft-Ebing borrows the remaining three cases of congenital sexual anesthesia (two men and one woman) from William Alexander Hammond's 1887 book, *Sexual Impotence in the Male and Female*. In his discussion of contrary sexual instinct, Oosterhuis points out that Krafft-Ebing often published the letters and words of his patients unedited, even when they criticized the medical model. Thus, according to Oosterhuis, "contemporary readers could find

²³ Krafft-Ebing's understanding of sexual disorders was very much influenced by concepts of heredity, degeneration, and eugenics. He generally saw sexual disorders as commonly occurring in individuals with heredity defects (like epilepsy or microcephaly). Family histories of patients were carefully collected in order to identify patterns of inherited conditions. For a fuller discussion of the relationship between sexual anesthesia, degeneration, and disability, see (Kim forthcoming).

subjective experience, dialogue, multivocality, divergent meanings, and contradictory sets of values in *Psychopathia sexualis*” (Oosterhuis 2000, 195). This seems to be the case with sexual anesthesia as well; while Krafft-Ebing presents his sexual anesthetics as pathological, he also allows them to represent themselves as non-pathological deviations from normality.

After presenting his six cases of true congenital anesthesia, Krafft-Ebing presents two “transitional cases”—according to Krafft-Ebing, these individuals may possess a weak “mental side of the *vita sexualis*” but may have undermined this mental side through masturbation before it could develop fully. According to Krafft-Ebing, when this early sexual element is undermined through masturbation, an “ethical defect” is manifested (Krafft-Ebing 1906, 64). These two case histories are much longer than the case histories of the congenital sexual anesthetics. The first case, F. J., was a nineteen year old student, who, according to Krafft-Ebing, had no sexual feeling toward the opposite sex and experienced no sexual feeling in the sexual act.²⁴ F.J. was institutionalized twice, once after attempting suicide and once after a maniacal outbreak. Krafft-Ebing describes F. J. as “destitute of moral and social feelings,” as lacking emotionality, as displaying logical peculiarities, and as frivolous, vulgar, cynical, and ironic (Krafft-Ebing 1906, 65–66). The second case, E., was a thirty-year-old journeyman painter. He occasionally experienced sexual desire, but “never for a natural gratification

²⁴ Krafft-Ebing does not specifically state that F. J. did not have sexual feelings toward the same sex, but, presumably if F. J. had experienced such feelings, Krafft-Ebing would have classified him as a case of “contrary sexual instinct.”

of it.”²⁵ E. did not want any more children to be brought into the world—he despised women for their reproductive capacity, considered self-castration, and was arrested while attempting to mutilate a boy’s genitals. Krafft-Ebing describes E. as mentally abnormal, violent, irritable, selfish, and weak-minded. In Krafft-Ebing’s words, “social feelings were absolutely foreign to him” (Krafft-Ebing 1906, 66–67). These two “transitional” cases are very different from the congenital cases—the two patients exhibit more pathological behaviors (including violence toward themselves and others) and Krafft-Ebing is much harsher in his judgment of these two men.

Before discussing acquired anesthesia, Krafft-Ebing notes that the cases he has presented so far demonstrate that anesthesia may be, but is not necessarily the result of genital deformities or diseases. In addition, according to Krafft-Ebing, genital deformities or diseases may, but do not necessarily lead to anesthesia. Krafft-Ebing also describes frigidity (specifically *naturae frigidae* in the work of Paolo Zacchia) as a milder form of anesthesia, and describes it as more common in women than in men. He describes the signs of frigidity as: “slight inclination to sexual intercourse, or pronounced disinclination to coitus without sexual equivalent, and failure of corresponding psychical, pleasurable excitation during coitus, which is indulged in simply from sense of duty” (Krafft-Ebing 1906, 68). Krafft-Ebing adds that he has often heard complaints from husbands about their wives’ frigidity (Krafft-Ebing 1906, 68).

In his last section on sexual anesthesia, Krafft-Ebing briefly describes “acquired anesthesia,” but he offers no case histories in this section. According to Krafft-Ebing, an

²⁵ By this, Krafft-Ebing probably meant that he did not wish to gratify it through intercourse with a woman.

“acquired diminution” of the sexual instinct or *libido* may be the result of psychological or physiological factors, or some combination of the two. Causes include (among others): aging, education, intense mental activity, depression, sexual continence, sexual excess, castration, disturbances in nutrition, atrophy of the genitals or genital glands, diseases in the spinal cord or brain, hysteria, and insanity (Krafft-Ebing 1906, 68–69). In a sense, Krafft-Ebing’s definition of acquired anesthesia is very similar to twenty-first century definitions of Hypoactive Sexual Desire Disorder (discussed below)—he suggests that it is a variable phenomenon, and that people may experience a decrease in sexual motivation at different points in their life for a number of complicated reasons, including biological, psychological, and social factors.

It appears that many of Krafft-Ebing’s contemporaries and successors in the field of sexology, including Iwan Bloch, Albert Moll, and Havelock Ellis, accepted, to a greater or lesser extent, his definition of sexual disinterest as a sexual disorder. However, there also seems to be significant diversity in the terms used to describe this disorder. Havelock Ellis, for example, lists *frigidity*, *hyphedonia*, *anhedonia*, *anesthesia*, *anaphrodism*, and *erotic blindness* as terms used to describe this disorder. Ellis also suggests that sexologists differed in their understanding of this disorder. Many sexologists seem to have included both sexual disinterest and the inability to experience pleasure during sex within the same category. Different sexologists also seem to have disagreed about whether more men or more women experienced sexual anesthesia, what the prevalence rate of sexual anesthesia was among women, whether there was such a

condition as “true” or complete sexual anesthesia,²⁶ and whether sexual anesthesia was more prevalent among the middle and upper classes than among the lower classes (Ellis 1936). In the following decades, terms like *sexual anesthesia* and *sexual anhedonia* (diagnoses that could be applied to men or women) became less popular,²⁷ but, as we will see, frigidity was further elaborated as a pathological condition specifically affecting women.

²⁶ Although Krafft-Ebing believed in the existence of “true” or complete sexual anesthesia, many others, including Ellis, believed that there was no such thing. Rather, according to this position, almost all cases of anesthesia or frigidity are merely apparent – either evidence of sexual interest would be found through closer examination, or the supposedly anesthetic or frigid patient would reveal sexual interest with the right partner or stimulation (Ellis 1936). According to Peter Cryle, this was the view of frigidity taken by a number of French fiction writers in the early twentieth century. According to Cryle, some of these writers saw true anaphrodisia as the consequence of organic illness and focused instead on cases of apparent anaphrodisia. He writes, “When complete unresponsiveness is more or less excluded in this way from the domain of sexual pathology proper, a space opens up for fiction to tell stories of sexual awakening...” (Cryle 2008, 123–124). In general, this position allowed medical professionals to see almost all cases of anesthesia or frigidity as potentially curable.

²⁷ However, these terms have been used sporadically, up until the present. For example, in *The New Sex Therapy* (1974), Helen Singer Kaplan included a diagnostic category for women called “sexual anesthesia or conversions,” which she defined as the failure to experience erotic feelings during sexual stimulation. According to Kaplan, sexual anesthesia was not a “true sexual dysfunction,” but a form of neurosis best understood as a hysterical or conversion symptom. According to Kaplan, sexual dysfunctions are psychosomatic, but neuroses are “purely psychogenic defenses” (Kaplan 1974).

According to Moore and Cryle, the work of doctors and sexologists at the *fin de siècle* was fundamental in expanding the domain of the sexual. Moore writes: “by always finding some other locus of desire lurking within the apparently frigid woman, late nineteenth- and especially early twentieth-century visions nurtured an understanding of the sexual as a thing always present, inescapable, if often hidden” (Moore 2009, 339). She goes on to write, “the shift from constitutional coolness to pathological frigidity was a microcosm of the broader shift towards the making of sexuality into a thing that came in so many shapes and sizes, but only so many; a thing that could be absent, but only because it was pathologically hidden or perverted” (Moore 2009, 342).

Marriage Manuals in the 1920s and 1930s

In the 1920s and 1930s, a large number of marriage manuals were written for middle-class couples. The writers of these marriage manuals included doctors, psychologists, and lay experts (Neuhaus 2000). The most popular of these included *Ideal Marriage: Its Physiology and Technique* (1926) by the Dutch gynecologist Theodore van de Velde and *Married Love* (1918) by the English palaeobotanist Marie Stopes.²⁸ According to these marriage manuals, both husbands and wives should find sexual pleasure and sexual satisfaction in marriage. The ideal of many of these manuals was “mutual orgasm” and satisfactory “marital adjustment.” These manuals asserted the right

²⁸ Van de Velde himself left an unhappy marriage in order to run away with a younger woman. Stopes was the first Englishwoman to receive a Ph.D. in palaeobotany. Supposedly, she was married to a Canadian botanist for over a year before she realized that he was impotent and that they had never had penile-vaginal intercourse. Eventually she had the marriage annulled and wrote *Married Love* as a result of her experiences (McLaren 1999, 46–63).

of women to attain sexual pleasure. At the same time, they generally placed responsibility for women's sexual pleasure in the hands of men—marriage manuals devoted most of their space to advising men on the best techniques for pleasuring their wives. Unlike later psychoanalytic texts, many of the manuals encouraged husbands to stimulate their wives' clitorises, and did not require women to achieve orgasm through vaginal intercourse (McLaren 1999; Neuhaus 2000).

According to a number of historians, these marriage manuals reflected concerns about changing gender roles in the interwar years. On the one hand, the manuals acknowledged women's greater independence. On the other hand, they sought to shore up the institution of marriage and emphasized the role of husbands in managing their wives' sexuality (McLaren 1999; Neuhaus 2000). Scholar Jessamyn Neuhaus writes: "Even as authors insisted upon orgasms for wives, even as they constructed wives as sexual beings with a right to sexual pleasure in the new, modern twentieth century, they also reiterated the belief in a fundamental female helplessness that required male intervention" (Neuhaus 2000, 456).

Relevant to this discussion is the fact that these marriage manuals reflected a fundamental concern with female frigidity and popularized these ideas among the general public. In these manuals, authors were concerned about frigidity in women, which could include a lack of interest in sex or a lack of "responsiveness" or pleasure during sex. Frigidity was thought to lead to negative health consequences for women and the eventual dissolution of the marriage.²⁹ Many authors attributed female frigidity to both

²⁹ Stopes had an interesting, and not entirely typical, view of sexual desire. Basically, she argued that during sex, a woman absorbed necessary chemical molecules from the man. Stopes described

societal repression and the failings of men—fumbling husbands were blamed for their wives' sexual unhappiness.³⁰ Women were held partially responsible for overcoming their frigidity—women were exhorted to overcome their inhibitions and embrace sexual pleasure. However, most of the responsibility for curing frigidity was given to husbands—according to the manuals, frigidity could be cured by teaching men to awaken their wives' sexual passions (McLaren 1999; Neuhaus 2000). On the message of these manuals, McLaren writes:

This literature came close to suggesting that marriage and heterosexual happiness were obligatory. Traditional proverbs such as 'Old maid, old rag' had long

sexual desire as follows: "*Hunger* for nourishment in sexual union is a true physiological hunger to be satisfied only by the supplying of the actual molecular substances lacking by her [the woman's] system" (quoted in McLaren 2007, 170 italics and brackets in original). According to McLaren, while this view was unusual, it was not unprecedented (McLaren 2007, 170–171). This view of sexuality perhaps explains Stopes' belief that a woman's sexual frustration could lead to sleeplessness and nervous diseases (Neuhaus 2000). She was not the only one, however, who saw sexual frustration in women as a cause of health problems. Oliver M. Butterfield, author of *Sex Life in Marriage* (1937), listed the following consequences of sexual frustration (sex without climax): indigestion, sleeplessness, irritability, backache, and a "dragging sense of bodily fatigue" (Neuhaus 2000, 455). J. F. Hayed, author of *The Art of Marriage* (1920), listed the following consequences of sexual frustration in women (inability to have orgasm): irritability, nervousness, restlessness, pasty complexion, lusterless eyes, lack of appetite, insomnia, crankiness, and premature aging (Neuhaus 2000, 455–456).

³⁰ According to McLaren, some authors reversed this claim, arguing that a wife's frigidity could produce impotence in the husband (McLaren 1999; McLaren 2007).

disparaged the spinster. Now doctors advanced the argument that every woman should have a sex life and lamented the ‘tragedy’ of the unmarried. Robie [an American physician] cited his German colleague Dr. Max Marcuse in stating that abstinence posed actual physiological dangers. Once married, the woman had, in order to prove her femininity, to achieve orgasm. Schedules were set up; one marriage guide stating, for example, that the normal woman should climax within ten minutes (McLaren 1999, 59).

Freud and His Influence

Although Freud himself was not particularly interested in sexual disinterest, his work played a key role in the history of modern sex therapy. In many ways, Freud (1856-1939) drew on the work of the sexologists in his conceptualization of drives, and specifically, the sexual drive (Sulloway 1992; Oosterhuis 2000). Synthesizing Freud’s vast corpus of work, Laplanche and Pontalis describe Freud’s understanding of a drive (*trieb*—often translated as instinct) as follows:

[a] dynamic process consisting in a pressure (charge of energy, motricity factor) which directs the organism towards an aim. According to Freud, an instinct has its source in a bodily stimulus; its aim is to eliminate the state of tension obtaining at the instinctual source; and it is in the object, or thanks to it, that the instinct may achieve its aim (Laplanche and Pontalis 1973, 214).

For Freud, the sexual drive is one of our primary drives.³¹ Laplanche and Pontalis describe *libido* in Freud’s work as the psychic representation of the sexual drive

³¹ According to Laplanche and Pontalis, Freud originally conceived of two groups of primal instincts – the ego or life instincts and the sex instincts. Later Freud combined the ego and sex

(Laplanche and Pontalis 1973). According to Davidson (2001), Freud's primary innovation in his conceptualization of the sexual drive and *libido* was his assertion that the sexual drive is initially undirected, both in terms of its object (the specific type of person or thing you are attracted to) and its aim (the specific type of sexual activity you are attracted to), and that both the object and the aim of the sexual drive or *libido* develops as a result of the individual's life history. For Davidson, Freud's innovation cleared the ways for a non-pathological view of homosexuality. He writes,

In the nineteenth-century psychiatric theories that preceded Freud, both a specific object and a specific aim formed part and parcel of the instinct. The nature of the sexual instinct manifested itself...in an attraction to members of the opposite sex and in a desire for genital intercourse with them. Thus inversion was one unnatural functional deviation of the sexual instinct, a deviation in which the natural object of this instinct did not exert its proper attraction. By claiming, in effect, that there is no natural object of the sexual instinct, that the sexual object and sexual instinct are merely soldered together, Freud dealt a conceptually devastating blow to the entire structure of nineteenth-century theories of sexual psychopathology" (Davidson 2001, 79).

However, while this innovation may have laid the foundation for a view of homosexuality as a socially-acceptable variation, Freud's view of the sexual drive (or at

instincts into one group of instincts – the life instincts, and contrasted it with a second group of instincts – the death instincts (Laplanche and Pontalis 1973). At least in "Instincts and their Vicissitudes," Freud leaves open plenty of room for ambiguity, contradiction, and contestation in his discussion of the primal instincts (Freud 1957).

least the popularization of his view) contributed to the further pathologization of sexual disinterest. Interestingly, for all his focus on sexual drive and *libido*, Freud was not himself very interested in desire disorders per se. According to Stephen Levine, Freud developed only one desire disorder: “oedipal inhibition of sexual love for a spouse” (Levine 2003, 283). However, in Freud’s overall system, sexual disinterest can only ever be conceptualized as the result of either a neurosis (specifically neurasthenia) or a psychic defense mechanism.

Neurasthenia as a concept was developed by the American George Beard in the 1880s. In general, neurasthenia was defined as fatigue resulting from exhaustion of the nervous system. According to Laplanche and Pontalis, Freud identified sexual anesthesia as one of the symptoms of neurasthenia (Laplanche and Pontalis 1973). Freud classified neurasthenia as an actual neurosis, by which he meant a neurosis caused by organic factors. Specifically, neurasthenia could be caused by certain sexual activities, such as masturbation, when engaged in excessively (Laplanche and Pontalis 1973).³² Thus, in Freud’s system, one explanation for sexual disinterest is that sexual disinterest is a symptom of an actual neurosis caused by excessive sexual activity.

The second explanation for sexual disinterest in Freud’s system is that the *libido* is in some way being blocked, denied, or transformed through a psychic defense mechanism. According to Laplanche and Pontalis, defense is a general term in Freud’s work, referring to all efforts by the ego to reduce or eliminate instinctual forces that are perceived as threatening by the ego. Defense is part of both so-called normal psychology and mental illness. Specific defensive mechanisms include repression, reaction formation,

³² Neurasthenia was never a very important part of Freud’s work (Laplanche and Pontalis 1973).

reversal into the opposite, and sublimation, among others (Laplanche and Pontalis 1973). The specific defensive mechanism of sublimation offers a somewhat positive explanation for sexual disinterest. According to Freud, in the process of sublimation, sexual energy can be re-directed toward non-sexual aims, including socially valued activities such as art and intellectual inquiry (Freud 2000; Laplanche and Pontalis 1973). However, the concept of sublimation still assumes that each person possesses a sexual drive, however some people redirect part of this drive to nonsexual ends. In general, Freud's system asserts the universality of sexual desire—sexual disinterest can only be the result of psychic defense mechanisms acting to block, deny, or transform the sexual instinct. And while Freud himself may not have demonstrated much interest in desire disorders, as we will see, in later years, psychoanalysts described sexual disinterest as the psychic inhibition of sexual desire and developed the diagnostic category of “inhibited sexual desire” based on Freud's work.

Overall, Freud's work (or at least the popular version of Freud's work) played a significant role in convincing people of the importance of sexual desire as a motivator in the lives of individuals. Of Freud's influence, Jennifer Terry writes:

Sex was not only an instinct leading to reproduction. It was recast as a domain of pleasure and, indeed, as an essential part of being where the secrets of the self lie waiting to manifest themselves in love or, in the disturbed individual, in acts of perversion. Sex came to mean more than a bond between lovers; thanks to Freud, it was imagined to be the very basis upon which individuals and cultures were built (Terry 1999, 120).

This increased emphasis on the role of sexual desire as a universal motivator may have reduced the space available for the societal acceptance of sexual disinterest.

Hormone Research: Restoring Male Vitality

It is worth mentioning briefly that hormone research at the beginning of the twentieth century also reflected concern with sexual disinterest, specifically in men. Starting in the 1880s and 1890s, some early endocrinologists began to attempt to treat male sexual disorders through various operations, including injections of human and animal testicular material, transplantation of human and animal testicular tissue, and unilateral ligation of the vas deferens.³³ These operations generally fell into disrepute by the 1930s. However, in the 1930s, testosterone was finally isolated and doctors began to treat sexual disorders using synthetic testosterone administered by pills or injections.³⁴ Doctors and commercial firms made various claims about these treatments. In general, proponents believed that these treatments could restore overall vitality, cure impotence, and improve *libido* (McLaren 2007). According to McLaren, the development and popularity of these treatments was fueled by at least three factors: first, the increasing emphasis on sex as a recreational activity; second, the twentieth-century obsession with preventing or reversing the effects of aging; and, third, the early twentieth-century

³³ This last procedure, invented by Eugen Steinach, was thought to increase the man's own production of so-called male hormones (McLaren 2007, 189)

³⁴ In the 1930s, doctors also began to treat women with hormones, particularly for the symptoms of menopause (McLaren 2007). Hormone Replacement Therapy (HRT) can be seen, in part, as a treatment for the sexual problems that sometimes accompany menopause.

concern with eugenics—proponents hoped these treatments would restore the sexual vitality of so-called fit men (McLaren 2007).

Declining Interest in Sexual Disinterest, Rising Focus on Sexual Performance and Sexual Responsiveness: the 1930s through the 1960s

Between the 1930s and the 1960s, there was less interest among medical and mental health professionals in sexual disinterest. Instead, medical and mental health professionals focused most of their attention on sexual problems like impotence, premature ejaculation, and sterility. Medical and mental health professionals remained interested in frigidity, however the diagnosis of frigidity, which previously often included sexual disinterest and sexual displeasure (or unpleasure), was narrowed to apply only to women who did not reach orgasm during genital intercourse.

According to Moore and Cyle, frigidity acquired a new meaning in psychoanalytically-inspired writing in the 1920s and 1930s (Moore and Cryle 2010; Moore 2009). Freud himself created the distinction between clitoral sexuality and vaginal sexuality. According to Freud, to reach psychosexual maturity, a woman must switch from deriving most of her erotic satisfaction from stimulation of the clitoris to deriving most of her erotic satisfaction from stimulation of the vagina (Freud 1964; McLaren 1999). In the 1920s and 1930s, a number of Freud's followers began to define frigidity more narrowly as the inability to experience orgasm through vaginal intercourse. The most well-known early advocates of this view include Wilhelm Stekel, Marie Bonaparte, and Helene Deutsch (Gerhard 2000; Moore 2009).³⁵ According to these thinkers,

³⁵ Stekel, Bonaparte and Deutsch were followers of Freud, although Stekel eventually broke with Freud. According to Moore and Sheila Jeffreys, Stekel argued that frigidity in women resulted

psychologically mature, feminine women should accept their passive role in sexual activity and should give up the clitoris in exchange for the vagina as the center of their sexual life. Women who were unable or unwilling to do so were labeled “phallic” or “masculine” and were diagnosed with frigidity. According to a number of scholars, this redefinition of frigidity in the 1920s and 1930s was in part a reaction to feminism, changing gender roles, and declining birth rates, all of which were perceived as threatening to the established social hierarchy. Women who stepped outside of traditional gender roles, including feminists, lesbians, and women who lived independently from men, were labeled frigid by these thinkers (Moore 2009; Gerhard 2000; Jeffreys 1997).

This definition of frigidity was accepted by many medical and mental health professionals in the United States in the post-World War II era. The main architects of this definition in the United States were Edmund Bergler, Eduard Hitschmann, William

when a “modern” woman refused to submit to the will of a man, and Jeffreys, in particular, condemns him as a misogynist (Moore 2009; Jeffreys 1997). My own reading of Stekel suggests that his argument is more complex than that suggested by Moore and Jeffreys (Stekel 1926). Bonaparte identified herself as a frigid woman and sought psychotherapy for her frigidity. She also underwent surgery to relocate her clitoris closer to her vagina, in the hopes that this would allow her to receive more sexual satisfaction from vaginal intercourse. She wrote about her own experiences under a pseudonym and also wrote scientific/medical works about frigidity under her own name (Moore 2009). Deutsch produced work on frigidity in the 1920s and 1930s, but her most influential work was *The Psychology of Women* (1945). She argued that the vagina became eroticized through a woman’s first experience of sexual intercourse, and this eroticization allowed women to unite their sexual and maternal desires (Gerhard 2000).

Kroger, and S. Charles Freed.³⁶ According to Carolyn Lewis, post-war concerns about female frigidity and male impotence were related to Cold War concerns about US power. Doctors saw sexual satisfaction as the foundation of lasting marriages and lasting marriages as the foundation of US society. By threatening sexual satisfaction within marriage, female frigidity and male impotence threatened the stability of heterosexual families and thus the stability of the United States itself. Lewis writes:

American physicians concluded that an important step toward safeguarding the nation's future was ensuring that couples not only were having mutually pleasurable sexual encounters but also were engaging in the sexual activities that would reinforce their broader psychological health. Their marriages would then be successful, they would continue to be morally upstanding citizens, they would raise well-adjusted children, and the nation would thrive (Lewis 2010, 39).

The (Re)Invention of Hypoactive Sexual Desire Disorder (HSDD) in the Late Twentieth Century

As I have argued, between the 1930s and the 1960s, medical and mental health professionals were more interested in conditions such as impotence and frigidity (by then defined as a lack of orgasmic responsiveness) than in sexual disinterest. Eventually the term frigidity was replaced by terms like *orgasmic dysfunction* and *sexual arousal*

³⁶Bergler and Hitschmann were psychoanalysts and close associates of Freud. They were Austrians who eventually immigrated to the United States. Bergler and Hitschmann were co-authors of *Frigidity in Women: Its Characteristics and Treatment* (originally published 1936, translated into English in 1948). Kroger was a gynecologist and Freed was an endocrinologist. Bergler and Kroger co-authored a number of pieces on frigidity, as did Kroger and Freed (Lewis 2010, 40–41; Gerhard 2000).

disorder (Elliott 1985), conditions which have retained the interest of medical and mental health professionals up to the present. In the late 1970s, sexual disinterest as a clearly distinct disorder once again became an issue of concern for medical and mental health professionals, particularly sex therapists. The groundwork for this renewed focus on sexual disinterest was laid by the work of Alfred Kinsey, William Masters, and Virginia Johnson, and it is to their work that I turn next.

Precursors: Alfred Kinsey and Masters and Johnson

In the 1940s and early 1950s, the work of Alfred Kinsey laid the foundation for the work of William Masters and Virginia Johnson, who in turn laid the foundation for the development of sex therapy as a field of research and as a profession in the United States in the 1960s and 1970s. In turn, it was sex therapists, following in the path set out by Masters and Johnson, who reintroduced the diagnosis of sexual anesthesia (under another name) into the category of sexual disorders accepted by doctors and mental health professionals.

Unlike many of the sex researchers before him, Kinsey himself was not interested in classifying certain types of sexuality as pathological or in developing treatments for sexual disorders. According to Irvine, “Kinsey was an essentialist for whom ‘natural’ equaled good. He defended whatever behavior he saw as originating from biological impulses, distilled from the contaminating effects of psychological or sociological variables. Eschewing the judgments of earlier sex theorists, Freud in particular, based on perceived ‘normality,’ he adopted instead a yardstick based on ‘naturalness’...” (Irvine

1990, 46). He also was ostensibly uninterested in sexual desire³⁷—he was a behaviorist, almost exclusively interested in sexual behavior, particularly sexual behavior leading to orgasm. For his two studies, *Sexual Behavior in the Human Male* (1948) and *Sexual Behavior in the Human Female* (1953), he and his team conducted exhaustive³⁸ face to face interviews with 5,300 white men and almost 6,000 white women, collecting information about all of the sexual activities they had engaged in (which Kinsey called *sexual outlets*) (The Kinsey Institute 2011).

In some ways, Kinsey challenged the pathologization of sexuality; however, because he saw sexual expression as natural and good, he was at best ambivalent about instances of non-sexuality.³⁹ He did find evidence of non-sexuality, particularly in

³⁷ Irvine argues that Kinsey's notion of *sexual capacity* essentially served the same function as the concept of *libido*. According to Irvine, Kinsey defined sexual capacity as something like an individual's "well-spring of sexual energy" (Irvine 1990). People could have more or less sexual capacity, but, as noted below, Kinsey believed there is never a complete lack of sexual capacity (Kinsey et al. 1953, 374).

³⁸ According to the Kinsey Institute, the interviewee could be questioned about up to 521 items, although the average number was around 300 items (The Kinsey Institute 2011).

³⁹ Kinsey challenged some ideas about frigidity in women. He challenged the idea that women are sexually dysfunctional if they are unable to reach orgasm via vaginal intercourse alone (by refuting the distinction between clitoral and vaginal orgasm) and he also did not view frigidity as the result of women refusing to accept feminine roles (Gerhard 2000). In *Sexual Behavior in the Human Female*, he critiques the use of the term frigidity for its connotation of "either an unwillingness or an incapacity to function sexually" (Kinsey et al. 1953, 373). However, he still saw a lack of "sexual responsiveness" in women as a problem. He also doubted whether there

women, and he created a separate category (“X”) on his “heterosexual-homosexual” scale to describe these individuals.⁴⁰ However, in his description of individuals in the “X”

could ever be a complete lack of sexual responsiveness. According to Kinsey, women who appear to be frigid may simply need better sexual stimulation. He writes, “while we have found such cases [of female unresponsiveness] in the present study, we do not find evidence in any of them that the individual, rid of her inhibitions, would not be capable of response...It should be added, however, that many unresponsive individuals need clinical help to overcome the psychologic blockages and considerable inhibitions which are the sources of their difficulties” (Kinsey et al. 1953, 374). These passages indicate that Kinsey was not very far in his understanding of frigidity from people like van de Velde who saw frigidity as a curable disorder resulting from female socialization and poor male sexual technique. In some instances, Kinsey is almost contemptuous of those who do not engage in sexual activity. In a section on the “total sexual outlet” of single women, he notes that a significant proportion of single women did not engage in any sexual activity leading to orgasm. According to Kinsey, many of these women were frustrated by their lack of a sexual outlet, but others were not. Kinsey goes on to state that many of these women were teachers or academic administrators, many were involved in women’s clubs and service organizations, and some had been involved in efforts to shape public policy. Of these efforts, he writes: “When such frustrated or sexually unresponsive, unmarried females attempt to direct the behavior of other persons, they may do considerable damage...If it were realized that something between a third and a half of the unmarried females over twenty years of age have never had a completed sexual experience, parents and particularly the males in the population might debate the wisdom of making such women responsible for the guidance of youth” (Kinsey et al. 1953, 527).

⁴⁰ The heterosexual-homosexual scale developed by Kinsey is a seven point scale used to classify a person on a continuum from completely heterosexual (zero) to completely homosexual (six)

category, he writes: “it is not impossible that further analysis of these individuals might show that they do sometimes respond to socio-sexual stimuli, but they are unresponsive and inexperienced as far as it is possible to determine by any ordinary means” (Kinsey et al. 1953, 472). In the final chapter of *Sexual Behavior in the Human Female* in which he analyzes his interview data, Kinsey concludes by emphasizing the range of sexual variation in women, which he believes is greater than the range of sexual variation in men. He notes that two percent of the women in the sample had never been aroused erotically, however, he again includes a caveat: “it is, of course, not impossible that some of them had reacted erotically without being aware of the nature of their emotional

based on both his or her past sexual experiences *and* his or her “psychosexual reactions” to males and females. According to Kinsey, the scale provides an indication of an individual’s “psychosexual orientation.” In addition to the zero to six ratings, Kinsey also includes an “X” rating for individuals who “do not respond erotically to either heterosexual or homosexual stimuli, and do not have overt physical contacts with individuals of either sex in which there is evidence of any response” (Kinsey et al. 1953, 472). Although Kinsey found that very few men fit into this category, he found that a significant number of women did. According to Kinsey, 14-19% of unmarried females, one to three percent of married females, and five to eight percent of previously married females were rated “X” in each of the years between 20 and 35 years of age. For comparison: 11-20% of unmarried females, eight to 10% of married females, and 14-17% of previously married females demonstrated at least some homosexual response or behavior (in other words, were rated from 1 through 6) in each of the years between 20 and 35 years of age. Only one to three percent of unmarried females, less than three in a thousand married females, and one to three percent of previously married females were exclusively homosexual (were rated six) in each of the years between 20 and 35 years of age (Kinsey et al. 1953, 473–474).

responses; and it is possible that some other method of gathering data, or specific physiologic measurements, might have shown that some of these females had, on occasion, responded to erotic stimuli” (Kinsey et al. 1953, 513). Thus, in the face of evidence of non-sexuality, Kinsey responds with the possibility that better scientific techniques may be able to ferret out the sexual response hidden beneath the layer of apparent non-sexuality.

In regards to the history of the pathologization of sexual disinterest, Kinsey’s work is perhaps most important for the role he played in laying the foundation for the work of William Masters and Virginia Johnson. During the 1950s and 1960s, Masters and Johnson undertook research into the physiology of sex. Using a variety of instruments, they measured the physiological changes that occurred in over 700 men and women engaging in masturbation and partnered sexual intercourse in the laboratory. They measured changes in breathing, heart rate, genital swelling, muscle contraction, and genital color, among other things. In 1966, they published *Human Sexual Response*, which summarized their findings and proposed a four-phase model of the *human sexual response cycle* (excitement, plateau, orgasm, and resolution).⁴¹ In addition, they

⁴¹ According to a number of scholars, Masters and Johnston were interested in shoring up the institution of marriage by demonstrating the essential similarities between male and female sexuality (Irvine 1990; Robinson 1976; Tiefer 2004). Their sample was potentially biased for a number of reasons, including by the fact that they only studied subjects who were able to regularly achieve orgasms during masturbation and intercourse while being observed in a laboratory. According to Masters and Johnson, this choice of sample was necessitated by their scientific goals – they wanted to study “physical response,” so of course they chose subjects who regularly exhibited physical response. Leonore Tiefer argues, however, that this choice meant that

identified so-called sexual dysfunctions that could occur at each stage of the sexual response cycle and they developed a treatment program for these dysfunctions, all of which they described in their 1970 volume *Human Sexual Inadequacy*. This volume became the foundation for the emerging field of sex therapy (Irvine 1990; Robinson 1976; Tiefer 2004).

Like Kinsey, Masters and Johnson were little interested in sexual desire. Their four stage model of human sexual response did not include a desire/attraction stage. They did not focus on sexual disinterest as a disorder nor did they describe treatments for sexual disinterest in *Human Sexual Inadequacy*. In men, they focused on premature ejaculation and impotence. In women, they focused on dyspareunia (pain during intercourse), vaginismus (when tightening of the vaginal muscles prevents vaginal penetration), and orgasmic disorders (Irvine 1990).⁴² Leonore Tiefer speculates that

they used as research subjects those women whose sexuality most closely resembled the sexuality of men (those who were able to orgasm regularly during masturbation and intercourse) (Tiefer 2004). Robinson argues that their biases also lead Masters and Johnson to propose one model for male and female sexual response, despite the fact that they found a number of differences between male and female sexuality (Robinson 1976).

⁴² While some feminists in the 1970s (for example, Koedt 1973) credited Masters and Johnson for challenging the concept of frigidity, like Kinsey, Masters and Johnson retained some aspects of the concept. Like Kinsey, they challenged the idea that women are sexually dysfunctional if they are unable to reach orgasm via vaginal intercourse alone and they also did not view frigidity as the result of women refusing to accept feminine roles. However, they still saw the failure to reach orgasm after “appropriate stimulation” as a disorder; which they called *female orgasmic dysfunction* (Masters and Johnson 1970).

Masters and Johnson may have omitted sexual drive or *libido* from their work despite the importance of this concept in the history of sexology because they were committed to achieving scientific legitimacy and respectability through the measurement of observable phenomena. According to Tiefer, sexual drive or *libido* is a variable phenomenon, difficult to observe and difficult to measure, and thus may have been unappealing to Masters and Johnson. Tiefer writes: “perhaps because of the history of elaborate but vague nineteenth-century writings, perhaps because of the subjective connotations to *desire*, talk of sex drive seemed to cause nothing but confusion for modern sexual scientists interested in operational definitions” (Tiefer 2004, 42). However, while Masters and Johnson themselves did not focus on sexual disinterest as a pathological condition, they were responsible for establishing the field of sex therapy, which quickly took up sexual disinterest as a problem to be solved.

The (Re)Invention of Hypoactive Sexual Desire: Psychological Approaches in the Late 1970s and the 1980s

According to Janice M. Irvine, inhibited sexual desire (ISD) or hypoactive sexual desire (HSD) was created as a diagnostic category in the United States in the 1970s. Between the 1950s and the 1970s, as we have seen, psychologists and doctors focused on genital dysfunctions, including impotence in men and orgasmic dysfunctions in women. In 1977, two sex therapists, Harold Leif and Helen Singer Kaplan, wrote independently about what they saw as the increasing prevalence of patients complaining of low *libido*, and called for the recognition of low *libido* as a distinct illness category (Irvine 2005).

After Masters and Johnson, Helen Singer Kaplan is probably the most influential figure in the history of modern sex therapy. She had both an MD and a PhD and she was

much more psychoanalytically inclined than Masters or Johnson. While she utilized the techniques of *Human Sexual Inadequacy* for sexual problems she saw as arising from immediate psychological causes, she also attributed some sexual dysfunctions to deeper psychological factors and utilized the techniques of psychoanalysis to address these problems. She also refigured Masters and Johnson's "human sexual response cycle" as a four step process involving desire, excitement, orgasm, and resolution (thus adding a desire stage and downplaying the plateau stage). The publication of her opus, *The New Sex Therapy* (1974), was another landmark in the field (Irvine 2005).

The New Sex Therapy did not focus on desire disorders, but in 1977 Kaplan published an article about "hypoactive sexual desire." In the article, she states that despite the high prevalence of "desire phase disorders" and the fact that these disorders cause extreme distress to patients, inhibition of desire had been ignored by sex therapists.⁴³ In this article, she describes sexual desire as "an appetite that has its focus in the brain" (Kaplan 1977, 3). She argues that sexual desire has its own "neural apparatus" and goes on to write:

Appetites for food, water, and presumably sex are governed by neural circuits that pass through special centers. These circuits are usually responsive to specific neural transmitters. Presumably, sexual desire originates in circuits in the limbic brain. Some centers have been located in the hypothalamus. It appears that

⁴³ In this paper, Kaplan's citations only go back to Masters and Johnson. She does not reference any earlier conceptualizations of low *libido* as a disorder. She suggests that she and Harold Leif are identifying this disorder for the first time (Kaplan 1977).

testosterone is necessary for the functioning of the sexual appetite centers of both males and females (Kaplan 1977, 4).

According to Kaplan, desire can be inhibited by physical causes (including central nervous system depression, the use of drugs, and/or illness) or by psychic forces (such as conflict or fear). She compares the psychic inhibition of sexual desire to anorexia nervosa. According to Kaplan, because sexual desire has its own neural apparatus, patients may experience little or no sexual desire, but may still be able to experience sexual excitement (arousal) and orgasm. She notes that some people who experience hypoactive desire still engage in sex, for example to satisfy a partner or to achieve gains not related to erotic pleasure. Kaplan argues that some cases of hypoactive sexual desire are primary (life-long) while others are acquired; some cases may be total (the patient experiences no desire) while other cases may be situational (sexual desire is hypoactive only in specific situations). When describing situational hypoactive desire she suggests that patients with paraphilias, including homosexuality, may be categorized as experiencing hypoactive desire in “usual” sexual situations, while experiencing active sexual desire in “unusual” sexual situations. According to Kaplan, both men and women experience hypoactive sexual desire although they may present differently; men with hypoactive desire often avoid sex because they fear not being able to perform sexually, while women with hypoactive desire may not avoid sex because they can adopt a passive role during intercourse (Kaplan 1977).

According to Kaplan, patients with hypoactive sexual desire frequently deny that they are experiencing hypoactive desire. She writes: “There is a great deal of *denial* in this population. It seems easier to complain about orgasmic and/or erectile difficulties”

(Kaplan 1977, 7). According to Kaplan, all sexual dysfunctions are ultimately caused by anxiety; in her experience, the anxiety associated with hypoactive desire is typically more intense than the anxiety associated with excitement and orgasm phase disorders. She writes: “Patients exhibiting hypoactivity of sexual desire tend to be, as a group, more injured, more vulnerable, and, therefore, more rigidly defensive than those whose orgasm and/or erection are impaired while desire remains active” (Kaplan 1977, 8–9). According to Kaplan, many patients with hypoactive desire also fear pleasure and success in many areas of their lives. In addition, according to Kaplan, patients with hypoactive desire are often difficult to treat. Although a few patients benefit from short-term interventions, most patients with hypoactive desire need long-term help. However, she asserts the continuing usefulness of sexual therapy for hypoactive desire, writing:

The process of sexual therapy is valuable because it will often confront the patient with the facts of his/her sexual and pleasure inhibition, with the fact that he/she does not allow himself/herself the full pleasure of making love with a person who could be loved and desired. This will sometimes motivate the patient to seek more profound and lengthy help, and this help must extend beyond the area of sexuality (Kaplan 1977, 9).

Inhibited sexual desire/hypoactive sexual desire was quickly incorporated as a diagnostic category into the third edition of the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders (DSM-III 1981)*. Neither of the first two editions of the *DSM* includes sexual disinterest as a mental illness. The first edition of the *DSM (DSM-I 1952)* includes a category called sexual deviation under the broader category of personality disorders. As examples of sexual deviation, the

description lists “homosexuality, transvestism, pedophilia, fetishism and sexual sadism (including rape, sexual assault, mutilation).” Impotence, frigidity, and premature ejaculation are treated not as separate mental disorders but as possible symptoms of an underlying mental illness (American Psychiatric Association 1952). In the second edition of the *DSM* (*DSM-II* 1968) sexual deviation remains a category under personality disorders, and a separate diagnosis called “psychophysiologic genito-urinary disorder” was created within the larger category of “psychophysiologic disorders.” The description of psychophysiologic genito-urinary disorder reads, “this diagnosis applies to genito-urinary disorders such as disturbances in menstruation and micturition, dyspareunia, and impotence in which emotional factors play a causative role” (American Psychiatric Association 1968).

The entire *DSM-III*, published in 1981, was a major departure from *DSM-II* (Young 1997). Both Harold Leif and Helen Singer Kaplan served on the “psychosexual disorders” advisory committee for *DSM-III*, and Kaplan’s reformulation of Masters and Johnson’s sexual response cycle and the sexual disorders associated with each phase became the basis for the section on psychosexual dysfunctions in the *DSM-III*. In the *DSM-III* “psychosexual disorders” is a separate meta-category, which includes four broad categories: gender identity disorders, paraphilias, psychosexual dysfunctions, and other psychosexual disorders. The category of paraphilias basically includes all of the so-called disorders listed under the category of sexual deviation in the *DSM-I* and the *DSM-II*. The category of “psychosexual dysfunctions” in *DSM-III* is basically new (although it includes some of the illnesses listed under psychophysiologic genito-urinary disorder in the *DSM-II*). The description of the category “psychosexual dysfunctions” uses Kaplan’s

language to describe the human sexual response cycle, calling the four stages: appetitive, excitement, orgasm, and resolution. In addition, the category includes a number of sexual disorders occurring at each of the first three stages of the sexual response cycle (desire disorders, arousal disorders, and orgasm disorders) plus pain disorders. In the *DSM-III*, sexual desire disorder is called “Inhibited Sexual Desire” (American Psychiatric Association 1968). Basically, the category of psychosexual dysfunctions has not undergone major revisions since the *DSM-III*. In the revised edition of the third edition (*DSM-III-R* 1987), the category Inhibited Sexual Desire was renamed Sexual Desire Disorders and divided into Hypoactive Sexual Desire Disorder and Sexual Aversion Disorder.⁴⁴ In addition, clinicians were supposed to specify whether disorders were life-long or acquired, universal or situational, and of psychogenic or mixed etiology (American Psychiatric Association 1987). The only major change made for the fourth edition (*DSM-IV* 1994) was the addition of a “clinical significance criterion” to all of the sexual dysfunctions—in order for an individual to be diagnosed with HSDD, the lack of sexual desire now had to cause “marked distress or interpersonal difficulty” (American Psychiatric Association 1994). No real changes were made to the text-revised version of the fourth edition (*DSM-IV-TR* 2000).

In the 1980s, HSDD was considered a serious problem by sex therapists and other mental health professionals. According to a survey of 289 sex therapists published in 1986, 31% of patients sought therapy as a result of a “desire discrepancy between

⁴⁴ According to Harold Lief, the change from “Inhibited Sexual Desire” to “Hypoactive Sexual Desire” was made in order to replace “psychodynamic” language with a more acceptable “phenomenological perspective” (Leiblum and Rosen 1988, viii).

partners” and 28% of patients sought therapy as a result of individual desire problems (Kilmann et al. 1986). In addition, sexual desire problems were often considered by sex therapists to be extremely difficult to treat. According to some sex therapists, initially twice as many women as men sought therapy as a result of desire problems, although according to these therapists, by the end of the decade, the gender discrepancy became less pronounced (Leiblum and Rosen 1988). Most likely, the people who were able to access psychological counseling would have been middle- or upper-class patients.

Treatment included couples counseling, individual therapy, and sometimes medication (Irvine 2005). While in her 1977 article, Kaplan suggested that homosexuality itself could be considered an example of situational hypoactive desire, in the 1980s, a number of sex therapists began to diagnose non-heterosexual individuals and couples who experienced comparatively low levels of same-sex sexual desire with HSDD and began to treat non-heterosexual individuals and couples in order to restore or improve their same-sex sexual functioning. This was an especially important trend among lesbian-friendly sex therapists and their lesbian clients, who were particularly concerned about perceived low levels of sexual activity in lesbian relationships, a phenomenon referred to as “lesbian bed death” (Nichols 2004; Iasenza 2002; Hall 2004; Gupta 2013). Sex therapists also began to diagnose people with disabilities with HSDD and began to offer treatment specifically aimed at this population (Bullard 1988).

Irvine identifies a series of broad trends which contributed to the construction and popularization of HSDD in the 1980s and 1990s. One of these trends was the growth of the field of sexology itself and a growth in the number of practicing sex therapists in the United States. According to Irvine, HSDD may have been promoted by sexologists and

sex therapists seeking professional recognition and a viable commercial market. She writes, "...the discursive elaboration of disease is shaped by complex factors, including the ideological and economic imperatives of the defining professionals" (Irvine 2005, 167).

In addition, Irvine identifies broad cultural changes which may have contributed to the construction of HSDD as a diagnostic category. According to Irvine, the 1970s were a time of increased sexual freedom for some people. As a result of the Second Wave of the feminist movement, more women began to expect and even demand sexual satisfaction. Yet, this increased enthusiasm for sex in the media and in the country at large may have been experienced by some women and men as increased pressure to engage in sexual activity. Irvine writes, "the uneasy tension between expectations of an easy sexual pleasure and the realities of dismal sex helped create a cultural basis for the successful development of clinical sex therapy programs" (Irvine 2005, 181).

Drawing on Foucault's work in *The History of Sexuality Part I*, Irvine suggests that the creation of HSDD as a diagnostic category may have led to contradictory results. As Irvine suggests, the creation of HSDD can be seen as a recognition of the right of women to obtain sexual pleasure. In addition, men who accepted the diagnosis of HSDD may have challenged some normative ideas about masculine sexuality as aggressive and insatiable. Finally, receiving a psychiatric diagnosis of HSDD may have given some men and women the sense that their suffering due to perceived sexual inadequacies was socially recognized and therefore a legitimate problem for which they could seek redress (Irvine 2005).

Yet, even on an individual level, the creation of HSDD may not have helped very many people, because, according to Irvine, HSDD was very difficult to treat and was considered by sex therapists to have a poor prognosis. In addition, the creation and advertisement of HSDD as a diagnostic category may have led some people who were not previously troubled by their sexuality to reinterpret their sexuality as disordered. The creation of HSDD as a mental disorder also led to a focus on the individual. Sex therapists saw the problem as located in the individual and/or his or her idiosyncratic milieu. According to Irvine, “treatment strategies for both sex addiction and ISD remained steadfastly fixed on the individual (or often in the case of ISD, the couple), with the goal of management, adjustment, or regulation of sexual desire and sexual behavior” (Irvine 2005, 174). Focusing on the individual may have foreclosed efforts to address the broader social and cultural factors that may contribute to an individual’s sexual dissatisfaction (for example, gender inequality). Finally, this focus on the individual may have precluded challenges to widespread understandings of sexuality (for example, sexual desire is innate, healthy, and necessary for a fulfilling life) (Irvine 2005).

Recent Developments Related to HSDD: Organic Approaches: Viagra and Female Sexual Dysfunction (FSD)

During the 1980s and 1990s, some doctors wanted to move away from a focus on the psychological bases of sexual dysfunctions in order to focus on the physiological or organic bases of sexual dysfunction. These doctors adopted the label *Erectile Dysfunction* or ED (instead of impotence) to describe male erection problems and emphasized the physiological etiology of ED (Marshall 2006).

In the 1980s, doctors began to treat impotence somewhat effectively with penile implants and injections, but both of these treatments had significant drawbacks, and neither was widely adopted (McLaren 2007). In 1998, the FDA approved Pfizer's Viagra (sildenafil citrate) as a treatment for ED. Viagra works by indirectly increasing blood flow to the penis after sexual stimulation. According to Pfizer, Viagra will not cause an erection in the absence of sexual stimulation (and, in theory, has no effect on sexual desire) (Pfizer 2010). Since the release of Viagra, two more medications for ED have been released—Levitra (vardenafil) and Cialis (tadalafil). Viagra, Levitra, and Cialis all work the same way (Mayo Clinic 2011). Between 1998 and 2005, approximately 27 million men worldwide used Viagra (Padma-Nathan 2006). In 2008, Pfizer reported revenue of over \$1.9 billion from sales of Viagra (Pfizer 2008). Critics have argued that the availability of Viagra has increased pressure on men to maintain their sexuality even in old age (Marshall 2006; Potts et al. 2004; Tiefer 2004).

Given the perceived success of pharmaceutical treatments for ED, doctors and pharmaceutical companies became interested in developing drugs to treat women's sexual problems. As in the case of male sexual dissatisfaction, some in the medical and psychiatric communities were not satisfied with existing nosologies for female sexual dissatisfaction because the categories overemphasized the psychological bases of sexual dysfunction, as opposed to the organic bases of sexual dysfunction. Beginning in 1997, researchers, clinicians, and drug company representatives met in a series of closed conferences, financed by the pharmaceutical companies, to discuss the issue. The 1998 conference produced a consensus report defining female sexual dysfunction (FSD) as a collection of sexual dysfunctions (Irvine 2005; Fishman 2004; Hartley 2006; Drew 2003).

The consensus report retained the four major categories of dysfunction from the *DSM-IV* (desire, arousal, orgasm, and pain disorders), but expanded the definitions to include physical as well as psychological causes of female sexual dysfunction. Minor changes were made to the definitions and criteria in each category, and subjective personal distress was retained as a criterion for most of the categories. A new diagnosis of non-coital sexual pain disorder was added to the category of sexual pain disorders. In addition, members of the conference proposed adding a category called sexual satisfaction disorder, to apply to women who are "...unable to achieve subjective sexual satisfaction, despite adequate desire, arousal and orgasm" (Basson et al. 2000, 892), but this category was not adopted by the conference (Basson et al. 2000).

Viagra was tested in women with Female Sexual Arousal Disorder (the subset category of FSD believed to be the rough female equivalent of ED), but it was not effective. In one study, Viagra was shown to increase physiological arousal, but not subjective arousal (Laan et al. 2002). The largest published study involved 781 women. All of the women were diagnosed with the umbrella diagnosis of female sexual dysfunction (FSD) and with the more specific diagnosis of Female Sexual Arousal Disorder (FSAD), but only 40%–50% of the women had a primary diagnosis of FSAD. Even the women with primary diagnoses of FSAD usually had some other specific sexual dysfunction as well, as FSAD rarely appears in isolation in women. In this study, no significant difference was found between Viagra and the placebo in improving measures of sexual function and satisfaction, although there was a strong placebo effect. From this study, the researchers concluded that only certain populations of women would be likely to benefit from Viagra (Basson et al. 2002). In 2004, Pfizer stopped large-scale testing of

Viagra in women, although they continued to fund small-scale studies. One such study found that Viagra was effective for some women with FSAD related to the use of Selective Serotonin Reuptake Inhibitors (SSRIs) (a class of anti-depressants) (Mayor 2004; Nurnberg et al. 2008).

After it became apparent that targeting the sub-category of FSAD would not be a very effective strategy for addressing female sexual dissatisfaction, researchers and drug companies shifted their attention to the sub-category of female desire disorders. Thus, in this case, the focus on desire disorders was less motivated by a particular theory about sexual desire than it was motivated by the search for conditions that could be treated by pharmaceutical interventions. This later research initially focused on the possibilities of androgen-replacement therapy (testosterone) for female desire disorders (Hartley 2006, 367). In 2004, Proctor and Gamble (P&G) applied to the FDA for approval for Intrinsa, a testosterone patch designed to treat female desire disorders in surgically postmenopausal women (women who have had their ovaries surgically removed). The FDA Advisory Board recommended not granting approval to Intrinsa, citing long-term safety concerns and arguing that Intrinsa produced only small benefits. As a result, P&G withdrew their application to the FDA (Kingsberg 2005; Guay 2005; DTB 2009). Intrinsa is currently approved for use in some parts of Europe. In 2009, the *Drug and Therapeutic Bulletin* of the *British Medical Journal* reviewed the current research on Intrinsa. The authors acknowledged that Intrinsa has demonstrated efficacy in clinical trials, as women taking Intrinsa reported an additional one to two sexual events (not limited to penile-vaginal intercourse) per month and increased levels of sexual desire and satisfaction. However, the authors did not recommend Intrinsa for female sexual desire disorders because of

long-term safety concerns, small improvements in sexual measures and large placebo responses, and a high incidence of side effects such as acne and hirsutism (unwanted hair growth). In addition, the authors argued that “the evidence linking low testosterone concentrations to sexual dysfunction in women is inconclusive” (DTB 2009, 30).

Recently, the German pharmaceutical company Boehringer Ingelheim applied to the FDA for approval of Flibanserin as a treatment for HSDD in pre-menopausal women. Flibanserin is a drug that affects neurotransmitters, including serotonin. It was originally tested as an anti-depressant, but was not effective. In clinical trials conducted by Boehringer, women taking Flibanserin reported an additional 0.7 “sexually satisfying events” per month, but did not report increases in sexual desire. Women also reported significant side effects from taking the medication. In June of 2010, the FDA advisory committee recommended against FDA approval for Flibanserin, citing a lack of overall efficacy and worrying side-effects. Boehringer Ingelheim has decided to cease development of Flibanserin as a treatment for sexual disinterest (Moynihan 2010a; Moynihan 2010b; Lenzer 2010).

Again, a number of factors have led to the renewed focus on desire disorders among women. Many critics have argued that FSD was created by pharmaceutical companies in order to create a market for a not-yet-developed prescription drug treatment (Moynihan 2003). Reporter Ray Moynihan argues that drug companies sponsored the creation of FSD in the hopes that prescription treatments for FSD would prove as profitable as or more profitable than prescription treatments for erectile dysfunction. According to Moynihan, about half of the participants at the FSD conferences were pharmaceutical representatives. The conference report on FSD was supported by eight

pharmaceutical companies, and 18 of the 19 authors of the report disclosed ties to pharmaceutical companies (Moynihan 2003). In addition, according to Moynihan, the pharmaceutical companies have spent a significant amount of money internationally marketing FSD as a medical condition. Moynihan writes, “The corporate sponsored creation of a disease is not a new phenomenon, but the making of female sexual dysfunction is the freshest, clearest example we have” (Moynihan 2003, 45).

In addition, as Irvine points out, the creation of FSD can be seen as part of a larger movement by psychiatrists to identify the physiological processes behind mental health disorders and treat mental health disorders with psychopharmacological interventions (Irvine 2005). Tanya Luhrmann describes this broader movement in her book *Of Two Minds*. According to Luhrmann, what she calls the “biomedical” approach to psychiatry has overtaken the psychodynamic approach to psychiatry. Luhrmann defines the biomedical approach as the belief that mental illness is “... an illness of the body that is more or less comparable to other physical illnesses” (Luhrmann 2000, 6). Luhrmann defines the psychodynamic approach as the belief that “...mental illness is in your mind and in your emotional reactions to other people” (Luhrmann 2000, 6). According to Luhrmann, biomedical psychiatry and the reorganization of health care (including insurance company support for biomedical solutions) “...ha[ve] brought psychoanalytic dominance to its knees” (Luhrmann 2000, 7). The creation of FSD, then, can be viewed as one example of this broader trend, as biomedical psychiatrists have worked to overcome the definition of female sexual dysfunction as a psychological problem amenable to therapy in order to redefine it as a physiological problem amenable to drug treatment.

A number of scholars have critiqued the creation and marketing of FSD as an illness. A group of critics, now called the “New View Campaign,” have articulated three primary problems with FSD as it has been defined: first, FSD is based on a gender-neutral norm of appropriate sexual desire and behavior. This supposedly universal normative pattern “...begins, in theory, with sexual drive, and proceeds sequentially through the stages of desire, arousal, and orgasm” (The Working Group on A New View of Women’s Sexual Problems 2011). Yet, this pattern often does not apply to female (or male) sexuality, but women who deviate from this norm are pathologized. Second, the definition of FSD ignores the relational aspects of sexuality and the social, political, and economic context of sexuality. Finally, the definition of FSD ignores differences between women based on race, class, culture, levels of sexual desire, sexual education, experiences of sexual pleasure, etc. (The Working Group on A New View of Women’s Sexual Problems 2011).

Future Directions in Medical Approaches to Sexual Disinterest

The pathologization of sexual disinterest is an ongoing process. Most likely, pharmaceutical companies will continue to search for drug treatments for sexual disinterest, although the failures of Viagra, Intrinsa, and Flibanserin to effectively treat female HSDD have undoubtedly dampened enthusiasm for this endeavor. Some researchers have expressed a renewed interest in addressing male desire disorders—evidenced by an article published in 2005 in the *British Journal of Urology International* titled, “Hypoactive Sexual Desire Disorder: an Underestimated Condition in Men” (Meuleman and van Lankveld 2005).

The DSM is currently being revised, which has sparked intense debate over the definitions of sexual disorders among the psychiatric community. The working group on sexual disorders has proposed a number of changes in the category of “Sexual Dysfunctions.” Overall, members of the working group are attempting to recognize “diversity in women’s experience of desire” and avoid “inadvertently pathologizing” cases in which decreased desire may be “adaptive” (Brotto 2010). The group has proposed eliminating sexual aversion disorder and adding hypersexual disorder (perhaps in the appendix). In addition, the group has proposed combining female desire disorder and female arousal disorder into one diagnosis called “Sexual Interest/Arousal Disorder in Women” to reflect the results of research showing that interest and arousal are not necessarily separate stages for women (for a critique of this research, see Tyler 2008). The working group is proposing to retain the category of HSDD for men (American Psychiatric Association 2011). However, the proposed changes are still subject to revision, and we must wait to see what the final product will be. Whatever changes are adopted, it is clear that sexual disinterest will continue to be the object of medical interest in the foreseeable future.

Conclusions

Since at least the end of the nineteenth century, some medical and mental health professionals have been interested in sexual disinterest as a problem. At various points during this time period, sexual disinterest has been considered a physical or psychological disorder. Medical and mental health professionals have located the problem within the individual, or sometimes the couple, and have sought to treat the individual or the couple through counseling or medication, with the goal of increasing the

patient's level of sexual interest in order to meet expectations (including the patient's own expectations). While these developments may have had significant benefits for some individuals, they reflect the fact that medical professionals were largely unable to conceptualize non-sexuality as a potentially fulfilling way of being in the world. By promoting these ideas in their writing and clinical practice, medical professionals may have contributed to compulsory sexuality and to reducing the space available for the social acceptance of non-sexuality.

Chapter 3: “One Door into the Palace of Full, Vivid, Ecstatic Life”? Feminism(s) and Compulsory Sexuality

Most feminists have accepted some form of female sexual self-determination as an important political goal. At its core, the demand for female sexual self-determination is the demand for women to have the right and the ability to control their own sexual activity. In this sense, then, feminism is friendly to women who are not interested in sexual activity because the demand for sexual self-determination includes within it the demand for women to have the right and the ability to refuse sexual activity.

Some strands of feminism have been even friendlier to women who are not interested in sexual activity; however, other strands of feminism have included elements that were/are distinctly unfriendly to non-sexuality. In this chapter, using asexuality as an analytical tool, I undertake a genealogical analysis of these differing feminist approaches to non-sexuality.

I have two primary aims in this chapter. The first is to identify a history of thinking friendly to non-sexuality and asexuality (a-sex friendly) within feminist activism and scholarship. This history offers important insights for thinking about contemporary asexualities. For example, those strands of feminism in the late nineteenth and early twentieth centuries that celebrated spinsterhood as “one door into the palace of full, vivid, ecstatic life” may help scholars to understand contemporary asexualities as fulfilling ways of being in the world, while those strands of feminism in the late 1960s and 1970s that called for celibacy as a radical political tactic may help scholars to understand the political ramifications of the contemporary asexual movement. However, an examination of this history also suggests that a-sex friendly trends within the history of feminism have

frequently been aligned with theoretical dogmatism, anti-sex moralism, and efforts to regulate the sexuality of socially marginalized women. In addition, some of these efforts have continued to place sexuality at the center of public discourse. It is important for scholars thinking about how to develop space for asexualities and non-sexualities within feminism to understand these problems in order to avoid replicating them.

The second aim of this chapter is to analyze the ways in which other strands of feminism have actually contributed to compulsory sexuality for women. These strands include the “new moralism” of the early twentieth century, the politics of the orgasm promoted by early Second Wave feminists, some aspects of cultural/lesbian feminism in the late 1970s and 1980s, and sex-positive and Third Wave feminism in the 1990s and 2000s. Many of these strands have adopted similar approaches to female sexuality and non-sexuality, including: female non-sexuality is disdainful; female non-sexuality is either a patriarchal myth or the product of patriarchal oppression; female sexuality is a natural or biological drive; sexual activity is necessary for physical and mental wellbeing and for the maintenance of intimate relationships; sexuality is a spiritual resource; liberated woman must discover and express their own sexual desires (and while most feminists have hesitated to define what these desires will or should look like, the underlying assumption is usually that they will look like *something*, not nothing); and/or the pursuit of sexual pleasure by women is a revolutionary, transgressive, or subversive activity. It is my argument in this chapter that these recurrent elements within the history of feminist thought and praxis have served to reinforce regimes of compulsory sexuality

for women and have placed pressure on women to engage in what sociologist Thea Cacchioni has termed “sex work” (Cacchioni 2007).⁴⁵

Methods and Scope

In this chapter, I undertake a genealogical analysis of feminist thinking about non-sexuality and asexuality, using asexuality as an analytical lens through which to examine feminist discourses about sexuality/non-sexuality.⁴⁶ I focus on feminist activists and scholars in the United States and England from the late nineteenth century to the

⁴⁵ As discussed in the introduction, scholars have used the term *compulsory sexuality* to describe the fact that there are many structures in contemporary society that compel people to identify as desiring subjects, take up sexual identities, and engage in sexual activity (Radner 2008; Chasin 2011b). I am defining compulsory sexuality as a system of social relations in which sexuality is institutionally and ideologically privileged at the expense of non-sexuality/asexuality.

Compulsory sexuality often manifests itself as the unconscious or explicit assumption that sexual activity is necessary for intimate relationships and that all people experience sexual feelings. In addition, Compulsory sexuality often manifests itself as the belief that people who do not have a sexual drive, do not experience sexual feelings, and/or do not engage in sexual behavior (with a few carefully delimited exceptions) are lacking or deficient in some manner. Sociologist Thea Cacchioni argues that women are often expected to undertake “sex work,” which she defines as the effort women expend in managing their own and their partners’ sexual desires and activities. According to Cacchioni, women undertake a significant amounts of sex work to address sexual problems, using pills, creams, gels, herbal remedies, vaginal dilators, and vibrators to alter sexual functioning; turning to books, magazines, the Internet, and friends for advice; and visiting doctors, mental health professionals, physical therapists, and practitioners of alternative medicine to receive treatment (Cacchioni 2007).

⁴⁶ For a fuller discussion of my methodology, please see Chapter 1.

present.⁴⁷ It is important to emphasize here that this chapter is hardly an exhaustive treatment of feminist approaches to non-sexuality, even within the geographic and historical limits identified here. Rather, this chapter focuses on key moments and key thinkers in this history, in the hopes of illuminating recurrent themes in the history of feminist approaches to non-sexuality.

Early Feminist Approaches to Female Sexuality

In the late nineteenth and early twentieth centuries, in England and the United States, the sexual autonomy of many women was severely restricted. For many middle-class women, marriage was the primary economic strategy available. Women who did manage to remain unmarried (or spinsters) were subject to ridicule. At the same time, middle-class culture upheld the ideal of “passionlessness” (Cott 1978) for women (the idea that women are or should be less sexual than men), and women who engaged in premarital sex or adultery were condemned much more harshly than men who engaged in the same activities (an attitude called the sexual double standard). For other women faced with a limited set of opportunities, sex work was the best economic strategy available, but police targeted sex workers (and not their male clients) for harassment and arrest. There were no laws against nonconsensual sex in marriage (even if the husband was infected with a venereal disease), and rape laws in general were often laxly enforced. Moreover, few young women were given accurate information about sex and few women in general had access to safe and effective contraception or other sexual health services. According to middle-class women’s rights activists, women were “limited to their sex,” by which

⁴⁷ For a fuller discussion of the geographical and historical limits of this project, please see Chapter 1.

they meant that women were valued only for their sexual attractiveness to men and for their ability to bear children (Jackson 1994; Bland 2002; Gordon and DuBois 1983).

Women's rights activists, primarily white and middle-class, undertook a number of campaigns to increase the sexual autonomy of women. Josephine Butler led a campaign against the British Contagious Diseases Acts of the 1860s in order to combat the state and medical control of sex workers. Women's rights activists also led campaigns against what was called white slavery (the traffic in women) and sought to increase the age at which girls could legally consent to sex. Women's rights activists also sought to criminalize marital rape and to increase prosecution of other forms of sexual abuse and sexual harassment.⁴⁸ At the same time, many women's rights activists also embraced the ideal of passionlessness, calling for both men and women to practice what was called sexual continence or chastity, because, according to these activists, women would never be able to achieve sexual autonomy (specifically, the right to say no to sexual intercourse) if men could not control their sexual desires. Many women's rights activists also opposed so-called artificial methods of birth control, arguing that birth control would simply render women more sexually available to men, without challenging gender inequality (Jackson 1994; Bland 2002; Gordon and DuBois 1983).^{49,50}

⁴⁸ DuBois and Gordon argue that women's rights activists in the late nineteenth century organized primarily against extra-familial violence, and did not undertake a sustained campaign to criminalize marital rape (Gordon and DuBois 1983). Jackson argues that women's rights activists in the late nineteenth century did address intra-familial violence and did work to criminalize marital rape (Jackson 1994).

⁴⁹ Jackson argues that both the call for male chastity and the opposition to birth control were rational responses to existing conditions of inequality. In addition, she argues that the feminist

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arguments advanced by these women's rights activists served to open up space for non-sexuality: first, they critiqued the naturalization of the male sex drive; and, second, they argued for the recognition of spinsterhood as a fulfilling way of being in the world. In regards to the first point, a number of late nineteenth-century commentators described male sexuality as a natural and uncontrollable drive in order to justify requiring wives to call for male chastity and the feminist opposition to birth control were distinctly different from the call for male chastity and the opposition to birth control expressed by the anti-vice and social purity movements, because the feminist demands were not based on anti-sex moralism, but a critique of gender inequality (Jackson 1994).

⁵⁰ For an overview of women in the free love (or "sex radical") movement in the United States see (Passet 2003). In general, free love advocates supported the economic, political, and social emancipation of women. Passet argues that most free love advocates had an idealized view of marriage as a union based on "affinity" between two soul mates. Many advocated continence, and believed that sexual activity was only acceptable within the context of a marriage based on love. They were radical because they rejected the authority of the state and church to regulate marriage and because they supported divorce in cases where a couple no longer loved each other and remarriage if a person was able to find his or her soul mate. Some free love advocates did support "serial monogamy" if a person was searching for his or her soul mate, but expected that person to adopt life-long monogamy once a soul mate was located. Only a small minority of free love advocates supported what they called "variety" in sexual relations, or the pursuit of multiple sexual relationships at one time (Passet 2003). A number of contemporary sex-positive feminists have attempted to claim free-lovers as early sex-positive activists (Gordon and DuBois 1983; Rubin 1984), but in reality few free-lovers supported anything close to the agenda of contemporary sex-positive feminism.

submit sexually to their husbands and to justify the existence of prostitution. Many of these commentators also argued that abstinence was physically painful for men and detrimental to a man's health. A number of women's rights activists critiqued this naturalization of male sexuality and attempted to politicize male sexuality. For example, Elizabeth Blackwell, the first woman to receive a medical degree in the United States, argued that men are as capable of guiding and controlling their sexuality as women. In addition, Blackwell argued that the sexual impulse in humans is a complex, "compound faculty," involving social ties, morality, thoughts, and feelings (Jackson 1994, 67). Blackwell also critiqued the idea that engaging in sexual activity is necessary for a man's health (Jackson 1994). Other women's rights activists echoed her critique of this last point. One correspondent to *The Freewoman*, a militant English feminist journal, wrote, "this conception [that abstinence for men is painful and physically injurious] has done more harm to women in marriage and more to foster the horrors of prostitution than any other of the theories of sex" (quoted in Jackson 1994, 91).

In addition to critiquing representations of the male sex drive, women's rights activists also attempted to rehabilitate the image of the spinster.⁵¹ Middle-class spinsters were often in a precarious financial situation, dependent on relatives for support. In addition, spinsters were frequently mocked by the public, particularly in anti-feminist

⁵¹ The term spinster was used to refer to unmarried women. Of course, unmarried women could engage in sexual activity (and many probably did), but social disapproval and a lack of resources would have made this difficult. In the minds of the public (and in the minds of many spinsters), spinsterhood was associated with non-sexuality, and thus non-sexuality was one of the aspects of spinsterhood mocked by others and defended by spinsters themselves (Jackson 1994).

publications. For example, spinsters were depicted as sexually embittered and frustrated, in a condition of “retarded development,” and as the “wasteproducts of our population” (Jackson 1994, 22). Women’s rights activists sought to secure economic independence for unmarried women and to refute negative depictions of spinsterhood. Jackson writes,

Feminist spinsters asserted that spinsterhood was a positive choice for women, both as a form of resistance to female sexual slavery, and as valid and fulfilling in its own right. They explicitly rejected, not only the patriarchal doctrine that woman’s primary vocation was marriage and motherhood, but the hetero-relational imperative, with its underlying assumption that a woman without a man was sexually incomplete (Jackson 1994, 14–15).

Edith Watson and Kathlyn Oliver, for example, critiqued the idea that abstinence was detrimental to a woman’s health. Other spinsters critiqued the idea that sex was necessary for a fulfilling existence. According to one correspondent to *The Freewoman*, there are “many doors [besides sex] into the palace of full, vivid, ecstatic life” (quoted in Jackson 1994, 95). A second correspondent “urged readers to stop ‘this worship of sex’ (as ‘the one ultimate world-power’), and to ‘come out to play in the fresh air’, suggesting that perhaps ‘we who are ‘undersexed’ are the balance on the wheel of life’” (Jackson 1994, 95). Both the critique of the male sex drive and the rehabilitation of the image of the spinster may have created space within the women’s rights movement (and within the broader society) for the acceptance of non-sexuality.

Problems with Nineteenth-Century Western Feminist Approaches to Sexuality: It is not the case that all nineteenth century feminists were anti-sex. Some feminists who called for male chastity were, indeed, against sex. Other feminists (like many “free

lovers”) who called for male chastity and for continence saw sex as a spiritual activity when engaged in by a loving husband and wife (Jackson 1994; Bland 2002; Gordon and DuBois 1983). However, even if all nineteenth-century feminists cannot be labeled anti-sex, with a few exceptions, most were not focused on securing sexual pleasure for women. In addition, their approach included, either implicitly or explicitly, an effort to regulate the sexuality of other women, including sex workers and working-class teenage women. DuBois and Gordon argue that feminists in the late nineteenth century exaggerated both the pervasiveness and the coerciveness of prostitution. As a result, according to DuBois and Gordon, “they denied the prostitute any role other than that of passive victim” (Gordon and DuBois 1983, 43). DuBois and Gordon argue that eventually the repressive aspects of the feminist campaign against prostitution overwhelmed its liberatory aspects. They also argue that the campaign to raise the age of consent denied young women the right to choose to engage in sexual activity, and led to the prosecution of primarily working-class teenage female “sexual delinquents” (Gordon and DuBois 1983).

Backlash: As a result of the feminist movement’s lack of focus on female sexual pleasure and its efforts to regulate the sexuality of other women, some feminists began to distance themselves from the movement. Beginning in the early 1900s in England, these feminists began to coalesce around *The Freewoman*. According to Jackson, these feminists (who called themselves the “new moralists”) wanted a “new morality, in which women and men would be free to enjoy the sexual relationships they desired, without regulation or restriction by Church or State” (Jackson 1994, 88). Unfortunately, as part of their critique of the mainstream feminist movement, these new moralists also attacked

spinsters and argued that abstaining from sex was detrimental to the health of women and men. Some of them also called feminist campaigners for male chastity “cold,” “undersexed,” and “sexually anaesthetic” (Jackson 1994).

Evaluations of Nineteenth-Century Feminist Approaches to Sexuality: The interpretations of nineteenth-century feminist approaches to sexuality offered by contemporary western feminist scholars reflect the continuing divisions within western academic feminism about the issue of sexuality. For example, in an article produced during the height of the so-called feminist sex wars in the early 1980s, Ellen Carol DuBois and Linda Gordon argue that nineteenth-century feminists fell into one of two conflicting traditions: a tradition focused on protecting women from sexual danger and a tradition focused on enabling women to pursue sexual pleasure. While they acknowledge both the conditions that led many feminists to focus on sexual danger and the accomplishments of these feminists, they also call them “social purity feminists” and cautiously label them “conservative.” And while they point out that those feminists who focused on sexual pleasure often failed to critique male privilege, they also call these feminists “pro-sex” and cautiously label them “pioneering sex radicals.” They claim free love feminists as part of the second tradition (Gordon and DuBois 1983).

From the opposite side of the so-called sex wars, Margaret Jackson (echoing polarizing feminists like Sheila Jeffreys) argues that the feminists labeled conservative by Gordon and DuBois were radical in their focus on securing female sexual autonomy. She labels the feminists who focused on sexual pleasure “sexual libertarians.” Jackson also claims free love feminists as part of the first tradition (M. Jackson 1994; Jeffreys 1997).

Pro-sex Feminism in the Interwar Years: The Birth Control Movement

The women's movement ceased to be a mass movement in the interwar years (1920-1940) in the United States and the United Kingdom, but feminist activism continued in various venues. In the United States, the National Women's Party (founded by Alice Paul) focused on passage of the Equal Rights Amendment to the exclusion of addressing sexual issues (Coates 2008). However, some feminists, particularly those in the birth control movement, did focus on addressing sexual issues. Margaret Sanger, who was very influenced by the "new moralists" in England and by sexologists (including Havelock Ellis, with whom she had an affair), promoted birth control as a way for women to achieve sexual satisfaction in marriage. Like Marie Stopes, Crystal Eastman, Olive Schriener, and Emma Goldman, Sanger saw women as "naturally sexual" and believed that sexual satisfaction for both men and women contributed to physical and mental health and was essential for the maintenance of marriages (Coates 2008). In addition, Sanger, like many of her contemporaries, saw sex within marriage as an artistic or even spiritual endeavor, a position which Sanger called "sexual idealism" (Coates 2008). In her book, *Happiness in Marriage* (1920), Sanger writes: "Sex expression, rightly understood, is the consummation of love, its completion and its consecration. Sex expression is an art" (Sanger 2006, 19). According to Coates, Sanger was to maintain this message throughout her life (Coates 2008).

In Chapter 2 and in my article, "Screw Health: Representations of Sex as a Health-Promoting Activity," I argue that the message that sexual fulfillment is necessary for individual wellbeing and marital stability can lead to pressure to engage in "sex work" (Gupta 2011). Sanger offers a clear example of a feminist thinker and activist whose work may have contributed to compulsory sex work for women.

Early Second Wave Radical Feminism (1967-1973)

The 1960s and 1970s were a time in which the social organization of sexuality in the United States underwent a major transformation. A number of factors laid the groundwork for the Sexual Revolution, including long-term changes in the economy, new research on sexuality, the development of the birth control pill, the growth of progressive movements and political activism, legal changes in the definition of obscenity, the growth of a sexualized mass media culture (including *Playboy* and *Cosmopolitan*), and the growth of a heterosexual singles cultures (Gerhard 2001). Many feminists were critical of the Sexual Revolution, arguing that it simply increased men's access to women's bodies without increasing women's sexual autonomy. However, many feminists did not give up on the concept of sexual liberation, seeking to make it work for women. Gerhard writes, "sexual liberation as it was conceived by both mainstream and alternative subcultures—in practice and in rhetoric—became a dilemma for radical and nonactivist women alike. Opportunities for more sex with more partners did not necessarily translate into sexual liberation for women... Women learning to call themselves feminists found themselves having to reconstruct the concept of a 'sexual revolution' to include women's sexual, political, and social agency" (Gerhard 2001, 87).⁵²

⁵² Much of Second Wave feminism developed out of early civil rights and anti-war activism and remained connected to progressive movements, such as the Black Panther Party. The contradictions of the Sexual Revolution were present within these progressive movements, as male activists often expected sexual access to the bodies of female activists. According to some female activists, women within the Student Nonviolent Coordinating Committee (SNCC) were expected to take notes, cook, and defer to male authority. Some women activists took Stokely Carmichael's statement that the "only position for women in SNCC is prone" as emblematic of

Asex-Friendly Trends within Early Second Wave Feminism: During the early years of the Second Wave feminist movement, some thinkers promoted celibacy as a political strategy for challenging the oppression of women. Scholar Breanne Fahs highlights the work of Valerie Solanas in *The SCUM Manifesto* and the work of Cell 16, a radical feminist separatist group, as examples of feminist efforts to defend celibacy.⁵³ According to Fahs, “by removing themselves from sexuality, women assert an anarchic stance against the institutions that engender sex, thereby working toward more nihilistic, anti-reproduction, anti-family goals that severely disrupt commonly held cultural assumptions about sex, gender, and power” (Fahs 2010, 447).

Given its (possibly) satirical tone, *The SCUM Manifesto* (1968) is a difficult work to interpret. In the piece, Solanas describes men as “totally sexual” and holds them responsible for the creation of “sexuality.” According to Solanas, only “nice” women (i.e. women who collaborate with patriarchy) are interested in sex. She writes: “Sex is the progressive male attitudes towards gender and sexuality (King 1987). Similar sentiments persisted within the Black Panther Party; according to a number of critics the early Black Panther Party celebrated patriarchy and expected female members to reward male members for their commitment to the Party with sexual services, although a number of women rose to positions of power within the organization and challenged sexism and the sexual double standard within the organization (E. Brown 1993; Spencer 2008).

⁵³ Fahs argues that these thinkers advocated for asexuality. It is unclear why she chooses the term asexuality (instead of celibacy), given that she is aware of and discusses in her article current asexual activism. While several feminist scholars have called for a closer alignment of celibacy and asexuality (i.e. Cerankowski and Milks 2010), I am not certain what Fahs gains through the use of the term asexuality instead of celibacy.

refuge of the mindless. And the more mindless the woman, the more deeply embedded in the male ‘culture’, in short, the nicer she is, the more sexual she is. The nicest women in our ‘society’ are raving sex maniacs” (Solanas 2001). Essentially, sex for Solanas is a distraction from more important work and liberated women will stop wasting their time on sex. She writes: “The female can easily—far more easily than she may think—condition away her sex drive, leaving her completely cool and cerebral and free to pursue truly worthy relationships and activities...” (Solanas 2001). In place of sex, the liberated woman will pursue love/friendship, which Solanas describes as follows: “Love is not dependency or sex, but friendship...like conversation, love can exist only between two secure, free-wheeling, independent, groovy female females, since friendship is based on respect, not contempt” (Solanas 2001). According to Solanas, liberated women (SCUM) are “cool and relatively cerebral and skirting asexuality” (Solanas 2001).⁵⁴

While Solanas was somewhat isolated from other activists, Cell 16 was integrated into the organized women’s movement. Cell 16 was a small feminist group founded by Dana Densmore in Boston in 1968. Members of the group advocated separatism from men and celibacy as a political strategy. Unlike later separatist groups, they did not advocate for lesbianism as an alternative to heterosexuality (two of the group’s members described “homosexuality” as a “personal solution”) (Echols 1989).

In her article, “On Celibacy” (1968), published in the group’s journal, *No More Fun and Games*, Densmore offers a defense of celibacy. Like Solanas, she suggests that sex is a waste of time and energy. In addition, she argues that as long as women remain

⁵⁴ Solanas contrasts the animality and sexuality of men and male-identified women to the “asexuality” and cerebral nature of “female” women (Solanas 2001).

invested in sexual relationships with men, men will continue to have power over women. She writes: “until we say ‘I control my own body and I don't need any insolent male with an overbearing presumptuous prick to come and clean out my pipes’ they [men] will always have over us the devastating threat of withdrawing their sexual attentions and worse, the threat of our ceasing even to be sexually attractive” (Densmore 1968). She challenges the naturalization of the sexual drive, writing, “One hangup to liberation is a supposed ‘need’ for sex. It is something that must be refuted, coped with, demythified, or the cause of female liberation is doomed... Sex is not essential to life, as eating is. Some people go through their whole lives without engaging in it at all, including fine, warm, happy people. It is a myth that this makes one bitter, shriveled up, twisted” (Densmore 1968). She also attempts to revalue celibacy as a potentially fulfilling way of being in the world, writing, “We must come to realize that we don't need sex, that celibacy is not a dragon but even a state that could be desirable, in many cases preferable to sex” (Densmore 1968). She continues, “this is a call not for celibacy but for an acceptance of celibacy as an honorable alternative, one preferable to the degradation of most male-female sexual relationships” (Densmore 1968). In downplaying the importance of sexual desire and in valuing celibacy as a potentially fulfilling way of being in the world, Solanas and Cell 16 served to create space within feminism for non-sexuality.

Problems with Asex-Friendly Trends within Early Second Wave Feminism:

Neither Solanas nor Cell 16 offered a view of sexuality or female liberation that could appeal beyond a very limited demographic. They were, in a very real sense, against sex. In addition, according to Alice Echols, Cell 16 in particular adopted exclusionary practices and “flirted with essentialism” (Echols 1989, 158–166).

Evaluations of Cell 16: Again, it is interesting to note how Cell 16 has been judged by later feminists. Alice Echols, a historian of Second Wave feminism and herself a pro-sex feminist, argues that the members of Cell 16 were the precursors of later “cultural feminists” (Echols 1989, 158–166). In her recent article, however, Fahs calls the members of Cell 16 “anarchists” (Fahs 2010). Although it is possible to be both a cultural feminist and an anarchist, Echols intends the label “cultural feminism” to denote conservatism, while Fahs intends the label “anarchism” to connote radicalism.

Pro-Sex Trends within Early Second-Wave Feminism (or, the tyranny of the orgasm): Alongside those who were calling for celibacy as a political tactic, a number of feminists saw the liberation and expression of female sexuality as essential to the liberation of women. Again, these feminists often critiqued the Sexual Revolution for its masculinist biases, calling for a different kind of sexual revolution based on feminist insights. However, many of these feminists retained the central tenant of the original authors of the Sexual Revolution: liberating (female) sexuality will contribute to the overall transformation of society. Gerhard writes, “For Marcuse, Brown, Firestone, and Greer, liberation lay in reclaiming an intimate connection with the polymorphous body of the preoedipal infant” (Gerhard 2001, 169). In tying the liberation of female sexuality to female liberation, these feminists contributed to a regime of compulsory sexuality for women. Here I focus on the work of Shulamith Firestone, Germaine Greer, and Mary Jane Sherfey, all of whom, in different ways, made female sexual expression central to the liberation of women.

In *The Dialectic of Sex* (1970), Shulamith Firestone presents a vision of society in which sexual liberation allows for a return to a more “natural polymorphous sexuality.”

According to Firestone, the natural, biological differences between men and women formed the initial basis of the division of society into two classes. However, men have taken advantage of this biological difference in order to develop a socio-cultural system that reinforces the domination of men over women. According to Firestone, women need to seize control of society through revolution (overturning the socio-cultural system of domination), at which point they will then be able to eliminate the biological differences between men and women through the use of artificial reproduction.

Firestone interprets Freud as arguing that in contemporary society, our natural polymorphous sexuality is repressed through the mechanism of the incest taboo in order to preserve the structure of the family. According to Firestone, the results of this repression are detrimental to men and women—men are forced to separate sexual attraction from their love for their mothers, and thus separate women into two classes (good women, whom they are able to love and respect, but whom they are not able to find sexually attractive, and bad women, whom they are able to find sexually attractive, but whom they are not able to love or respect).

According to Firestone, when women seize control of society through revolution and eliminate the institution of the family, there will no longer be a need for sexual repression. She writes:

The separation of sex from emotion is at the very foundations of Western culture and civilization. If early sexual repression is the basic mechanism by which character structures supporting political, ideological, and economic serfdom are produced, then an end to the incest taboo, through abolition of the family, would

have profound effects: sexuality would be released from its straightjacket to eroticize our whole culture, changing its very definition (Firestone 2003, 55).

What will sexuality look like when it is released from the straightjacket of repression?

Firestone admits that we cannot know at this point what sexuality will look like after the revolution. However, she offers her own speculations about what sexuality will look like.

She suggests that the focus on genital sex and orgasms will decrease and the categories “heterosexual,” “homosexual,” and “bisexual” will disappear. She suspects that we will return to the “natural polymorphous sexuality” of the infant. Firestone writes:

All forms of sexuality would be allowed and indulged. The fully sexuate mind, realized in the past in only a few individuals (survivors), would be universal.

Artificial cultural achievement would no longer be the only avenue to sexuate self-realization: one could now realize oneself fully, simply in the process of being and acting (Firestone 2003, 187).

Firestone goes on to flesh out her vision of sexuality after the revolution. She writes:

Adults might return within a few generations to a more natural polymorphous sexuality...Relations with children would include as much genital sex as the child was capable of...Age-ist and homosexual sex taboos would disappear, as well as non-sexual friendship (Freud’s ‘aim-inhibited’ love). All close relationships would include the physical, our concept of exclusive physical partnerships (monogamy) disappearing from our psychic structure, as well as the construct of a Lover Ideal (Firestone 2003, 215).

For Firestone, then, sexuality is naturally polymorphous, but has been repressed by society. For Firestone, it is not so much that liberating sexuality will contribute to the

liberation of women as it is that liberating women will allow them to become the “fully sexuate” beings they naturally are.

Germaine Greer takes the argument one step further, arguing that the liberation of female sexuality is *necessary* for the liberation of women. In *The Female Eunuch* (1970), Greer describes the connection she sees between sexuality and the oppression and liberation of women. The title of the book, *The Female Eunuch*, demonstrates the importance Greer places on sexuality. According to Greer, women are “castrated” by society (“female eunuchs”), or, in other words, they are not allowed to express their female “energy.” Greer describes this energy as follows: “Energy is the power that drives every human being. It is not lost by exertion but maintained by it, for it is a faculty of the psyche...Like the motive force that drives the car along the highway, when it meets with an obstacle it turns to destructive force and shakes it source to pieces” (Greer 1971, 56). For Greer, this energy is intimately connected to sexual energy: “no matter which theory of the energy of personality we accept, it is inseparable from sexuality” (Greer 1971, 59); thus, the denial of active female sexuality is a major contributor to the overall denial of female energy. Greer writes: “In fact the chief instrument in the deflection and perversion of female energy is the denial of female sexuality for the substitution of femininity or sexlessness” (Greer 1971, 59).

Based on this analysis, the primary tasks for feminists are to analyze how society castrates women and to reorganize society so that women can express their energy, especially their sexual energy. Most of the book constitutes Greer’s analysis of how the energy female infants are born with is gradually repressed or distorted (at first directly by society, and later, through self-repression) until the girl assumes the status of a sexual

object. At the same time, Greer argues that society must be reorganized to allow women to express their true energy. Greer writes: “On these grounds we can, indeed we must, reject femininity as meaning *without libido*, and therefore incomplete, subhuman, a cultural reduction of human possibilities, and rely upon the indefinite term female, which retains the possibility of female libido” (Greer 1971, 61). Later Greer writes:

Women do have sexual desire and if it is a function of normal mental health development and good breeding to destroy it, let us try some abnormal mental development, rejecting our breeding. If marriage and family depend upon the castration of women let them change or disappear...If we are to escape from the treadmill of sexual fantasy, voracious need of love, and obsessiveness in all its forms we will have to reinstate our libido in its rightful function. Only then will women be capable of loving. Eternal Eros is imprisoned now in the toils of the sadomasochistic symbiosis, and if we are to rescue him and save the world we must break the chain (Greer 1971, 89–90).

For Greer then, sexual desire is a natural part of female energy, and must be liberated in order to achieve female liberation.

Another group of early Second Wave feminists contributed to the regime of compulsory sexuality for women by arguing that women have a naturally high sexual drive and a biological capacity for high levels of sexual pleasure. These feminists drew on the work of William Masters and Virginia Johnston in order to refute Freud’s theory of female sexual development, to critique the move by mental health professionals to label women who did not experience orgasms during heterosexual vaginal intercourse “frigid,” and to emphasize women’s interest in sexual activity and capacity for sexual

pleasure (for a more complete discussion of these issues, see Gerhard 2001). As discussed in Chapter 2, Freud posited that women must transfer their locus of sexual pleasure from the clitoris to the vagina in order to reach psychological and sexual maturity. As a result, up until the 1960s, a number of psychoanalysts diagnosed women who did not regularly experience orgasm during vaginal intercourse with “frigidity.”

Some feminists, including Anne Koedt in her famous article “The Myth of the Vaginal Orgasm” (Koedt 1973), responded to this sorry state of affairs by using the Masters and Johnston data to question the social privileging of vaginal sexuality and to suggest that, in the clitoris, women can obtain sexual pleasure autonomously from men.

Some feminists went even further to argue that women are inherently sexually voracious, although these thinkers were not as influential as Firestone, Greer, or Koedt. For example, in an article titled “The Evolution and Nature of Female Sexuality in Relation to Psychoanalytic Theory” published in 1966 (republished as a book in 1972), psychiatrist Mary Jane Sherfey argues that women have an “inordinately” high sexual drive and orgasmic capacity. According to Sherfey, female primates (including women) have developed a strong sex drive and great orgasmic capacity as a result of natural selection.⁵⁵ However, because women (unlike other primates) are continually sexually

⁵⁵ Sherfey insists that the female sex drive and female orgasmic capacity are “for” reproduction – they evolved because they promote reproduction. She writes: “I suggest that natural selection has taken advantage of every random opportunity to make enhanced sexual pleasure the insurance that motherhood will continue unabated” (Sherfey 1966, 90). Perhaps because I found Sherfey’s article difficult to follow in places, I am not sure exactly how this claim follows from her argument. Sherfey does state that it is possible for women to achieve orgasm through vaginal penetration through indirect stimulation of the clitoris. However, as Koedt and other feminists

responsive, the development of human civilization required the forceful repression of female sexuality (otherwise, women would have spent their entire lives pursuing sex).

Sherfey writes:

Having no cultural restrictions, these primate females will perform coitus from twenty to fifty times a day during the peak week of estrus, usually with several series of copulations in rapid succession... They emerge from estrus totally exhausted, often with wounds from spent males who have repulsed them. *I suggest that something akin to this behavior could be paralleled by the human female if her civilization allowed it* (Sherfey 1966, 99 emphasis added).

Sherfey goes on to argue: “these findings give ample proof of the conclusion that neither men nor women, but especially not women, are biologically built for the single spouse, monogamous marital structure or for the prolonged adolescence which our society can now bestow upon both of them” (Sherfey 1966, 119).

Although Sherfey’s arguments were controversial, they were taken up by a number of feminists. Notably, feminist sociobiologist and primatologist Sarah Blaffer Hrdy went on to argue in her work (for example in *The Woman That Never Evolved*, first published in 1981) that female primates are “promiscuous” as an evolutionary strategy, as promiscuous females are able to enlist multiple males in the protection and support of

have pointed out, if women are able to more easily achieve orgasm on their own through clitoral stimulation, then it does not seem like orgasmic pleasure itself would increase reproductive behavior. I think Sherfey’s argument should raise a number of red flags for feminists looking to use biological data about female orgasmic capacity to make political arguments about female sexuality.

offspring. Even though Hrdy, like Sherfey, yokes orgasm to heterosexual coupling and reproductive success, her theories were popular with a range of feminist thinkers in the early 1980s, including cultural/lesbian feminists and sex-positive feminists.⁵⁶ I believe Hrdy's work may have been particularly appealing to sex-positive feminists because it naturalized female sexual pleasure. Jocelyn Bosley writes, "naturalizing female orgasm by identifying it with nonhuman primates served both to legitimate female pleasure on scientific grounds and to forestall its discursive appropriation by patriarchal culture" (Bosley 2010, 666).

In discussing Hrdy's work, Donna Haraway offers the following critique of Second Wave feminism:

In the early years of the Women's Liberation Movement, orgasms on one's own terms signified property in the self as no other bodily sign could... Male orgasm had signified self-containment and self-transcendence simultaneously, property in the self and transcendence of the body through reason and desire, autonomy and ecstasy... No longer pinned in the crack between the normal and the pathological, multiply orgasmic, unmarked, universal females might find themselves possessed of reason, desire, citizenship, and individuality (Haraway 1990b, 358–359).

Haraway goes on to argue that the demand for women to express their active sexuality meant very different things for white and black women. She writes, "Middle-class and white 'politics of the female orgasm' can risk privileging women's sexual pleasure in reconstructing notions of agency and property-in-the-self within liberal discourse. Black

⁵⁶ For an analysis of why Hrdy's work was appealing to both cultural feminists and sex-positive feminists, see (Bosley 2010).

feminists confront a different history, where black women's putative sexual pleasure connoted closeness to an animal world of insatiable sensuality and black men's sexuality connoted animal aggression and the rape of white women" (Haraway 1990b, 355). Yet, by the time Haraway offered her critique in 1989, pro-sex and sex-positive feminism had already resurrected a politics of the female orgasm very similar to that advocated by some Second Wave radical feminists. Just as the "new moralists" were in many ways reacting to the problematic aspects of late nineteenth century feminist approaches to sexuality, pro-sex and sex-positive feminists were reacting to the work of radical/dominance feminists and cultural/lesbian feminists in the late 1970s and early 1980s. It is to their sexual ideologies that I turn next.

Radical and Cultural Feminism (1975-1982)

Two trends emerged within feminist scholarship starting in the mid 1970s: radical/dominance feminism and cultural/lesbian feminism. The first trend, radical/dominance feminism, focused on the male domination of women. It identified violence against women, pornography, prostitution, and rape as the primary sources of women's oppression. In addition, some radical feminists critiqued butch/femme roles with the lesbian community, sadomasochism (including lesbian sadomasochism), and trans expression (including male-to-female and female-to-male). The second trend, lesbian/cultural feminism, focused to a greater extent on revaluing femininity. Lesbian/cultural feminism often focused more on maternity and the mother-infant bond than on sexuality. Many lesbian feminists, specifically, did not prioritize sexual desire as an aspect of lesbian experience (Gerhard 2001). It is my argument here that radical/dominance feminism, in particular, had the potential to create a space for non-

sexuality within feminism, however once again, this strand of feminism became an agent of repression and produced a backlash. It is also my argument here that although a number of pro-sex commentators have labeled lesbian/cultural feminists anti-sex, some of these feminists also contributed to the regime of compulsory sexuality for women. Thus, my argument here is that even during a period of supposed sex-negativity within the feminist movement, some feminists were also placing pressure on women to engage in sex work.

Asex-Friendly Trends in Radical/Dominance Feminism: Many of those who can be categorized as radical/dominance feminists, especially Andrea Dworkin and Catherine MacKinnon, offered powerful critiques of male and female sexuality. According to MacKinnon, male sexuality involves dominance and female sexuality involves submission, and thus MacKinnon rejects any celebration of female sexual expression as liberating under current systems of oppression. She writes, “Because sexuality arises in relations under male dominance, women are not the principal authors of its meanings... I think that sexual desire in women, at least in this culture, is socially constructed as that by which we come to want our own self-annihilation” (MacKinnon 1987, 53–54). Like Solanas, MacKinnon is one of the few feminists to have claimed the label anti-sex. She writes, “it may even be that to be ‘anti-sex,’ ... is to refuse to affirm loyalty to this political system of inequality whose dynamic is male control and use and access to women—which would account for the stigma of the epithet” (MacKinnon 1987, 8).

Problems with Radical/Dominance Feminist Approaches to Sexuality:

MacKinnon and other radical/dominance feminists raised important questions about the character of male and female sexual desire and the validity of consent under conditions of

oppression. However, radical/dominance feminism was also characterized by theoretical dogmatism, exclusionary practices (for example, feminists who practiced S/M and transgendered individuals were often targeted for exclusion by radical/dominance feminists), and questionable political tactics (for example, MacKinnon and Dworkin worked with right-wing groups to enact anti-pornography statues) (for critiques of dominance feminism, which they call “anti-pornography feminism,” see Vance 1984; Duggan and Hunter 2006; Califia 2001; Califia 2000; Queen 1997). In addition, while MacKinnon and others in theory offered a social constructionist approach to sexuality, in effect they essentialized male and female sexuality (for this critique, see Stone 2004). Perhaps more importantly for my purposes, by identifying sexuality as the key to women’s oppression, radical/dominance feminists continued to place sexuality at the center of public discourse. As a result of its problematic elements, radical/dominance feminism eventually produced a backlash and, in a sense, gave rise to contemporary sex-positive feminism. In addition, because the critiques of sexuality raised by radical/dominance feminists are now inextricably associated with the dogmatism, exclusionary practices, and questionable political tactics of MacKinnon and others, they have not been taken seriously by many contemporary feminists.⁵⁷

Pro-Sex Trends in Cultural/Lesbian Feminism: Although cultural/lesbian feminism often had a different emphasis than radical/dominance feminism, cultural/lesbian feminists often joined with radical feminists in critiquing pornography, rape, sex work, butch/femme relationships, sadomasochism, and trans expression

⁵⁷ Both Dworkin and MacKinnon have been accused by their critics of saying “all sex is rape,” but neither has actually written this (see preface Dworkin 2006).

(Gerhard 2001). However, it is my argument here that some aspects of cultural/lesbian feminism also contributed to the regime of compulsory sexuality for women, albeit in a very different way than early Second Wave feminists who celebrated female orgasmic capacity. These theorists were actually positive about a very specific kind of sex. Gerhard writes, “truly feminist sex was antiphallic, antirole-playing, and fundamentally egalitarian” (Gerhard 2001, 152). Although many cultural/lesbian feminists in the late 1970s and early 1980s celebrated a vision of sexuality that was in many ways very narrow (anti-phallic, egalitarian, often lesbian), these feminists still saw this particular type of sexuality as potentially liberating. Here I focus on the work of Audre Lorde and Adrienne Rich.

In *Uses of the Erotic: The Erotic as Power*, Audre Lorde celebrates the “erotic” as a powerful resource. According to Lorde, the erotic has been suppressed in western society because it can provide the oppressed with energy for change in a number of ways: it allows women to connect across differences; it sustains women through providing a sense of power and joy; and it leads women to expect and demand more in other aspects of their lives. On this last point she writes: “we begin to demand from ourselves and from our life-pursuits that they feel in accordance with that joy which we know ourselves to be capable of. Our erotic knowledge empowers us, becomes a lens through which we scrutinize all aspects of our existence...” (Lorde 1984, 57). Thus, Lorde offers the erotic as an answer to a question that has troubled feminist theorists for decades: under conditions of domination, how do members of oppressed groups become aware of their oppression and how do they envision change? According to Lorde, the erotic survives within conditions of oppression and can be experienced by members of oppressed groups.

Once experienced, the erotic offers an internal vision of the good, or a barometer by which a member of an oppressed group is able to see that current systems of domination do not allow for human flourishing. Lorde concludes by writing, “Recognizing the power of the erotic within our lives can give us the energy to pursue genuine change within our world...For not only do we touch our most profoundly creative source, but we do that which is female and self-affirming in the face of a racist, patriarchal, and anti-erotic society” (Lorde 1984, 59).

Yet, what does Lorde mean by the “erotic”? Her definition of the erotic is in many ways ambiguous. She writes:

The very word *erotic* comes from the Greek word *eros*, the personification of love in all its aspects—born of Chaos, and personifying creative power and harmony. When I speak of the erotic, then, I speak of it as an assertion of the life force of women; of that creative energy empowered, the knowledge and use of which we are now reclaiming in our language, our history, our dancing, our loving, our work, our lives (Lorde 1984, 55).⁵⁸

⁵⁸ As Ruth Ginzberg points out, Lorde may not be defining the ancient Greek meaning of “eros” correctly (Ginzberg 1992). There were at least three distinct conceptions of “love” in ancient Greece: agape, eros, and philia. Bennett Helm defines these as follows: “Agape is a kind of love that does not respond to the antecedent value of its object but instead is thought to create value in the beloved; it has come through the Christian tradition to mean the sort of love God has for us persons as well as, by extension, our love for God and our love for humankind in general. By contrast, eros and philia are generally understood to be responsive to the merits of their objects—to the beloved’s properties, especially his goodness or beauty. The difference is that eros is a kind of passionate desire for an object, typically sexual in nature, whereas ‘philia’ originally meant a

Here Lorde suggests that she is not necessarily using the word erotic to describe a specifically sexual energy, but rather a “lifeforce” or a “creative energy.” Later she defines the erotic as an internal feeling of joy experienced when engaging in specific activities or through sharing a deep connection (whether physical, emotional, or intellectual) with another person. She writes, “there is a difference between painting a back fence and writing a poem [presumably in terms of the access you gain to the erotic in doing these activities], but only one of quantity. And there is, for me, no difference between writing a good poem and moving into sunlight against the body of a woman I love” (Lorde 1984, 58). Arguably, Lorde thereby celebrates both nonsexual and sexual experiences as providing access to intense feelings of joy and access to resources for social change. In some ways, Lorde may desexualize the erotic by using the term to describe experiences not traditionally thought of as sexual.

It is also the case that Lorde, as a woman of color, is engaged in a difficult project. As women of color in the United States were historically perceived as hypersexual, a number of black women in the early twentieth century adopted a politics of “respectability,” which involved presenting themselves as asexual. According to some contemporary women of color scholars, as a result of their response to racist hypersexualization, black women activists downplayed the reality of black female desire. Thus, by associating sexuality with creative energy, Lorde may be attempting to express black female desire without reinforcing the stereotype of black women as hypersexual.

kind of affectionate regard or friendly feeling towards not just one’s friends but also possibly towards family members, business partners, and one’s country at large” (Helm 2009).

However, although Lorde does not contribute to compulsory sexuality by, for example, celebrating female orgasmic capacity (as some early Second Wave white feminists did), in some ways her work does contribute to compulsory sexuality. Although she perhaps desexualizes the erotic by associating it with other activities, she simultaneously sexualizes these experiences by describing them as erotic. The word erotic carries strong sexual connotations in our society (as it did in ancient Greece). By using a term with strong sexual connotations to describe experiences not traditionally thought of as sexual, Lorde implies that these experiences are, in some way, sexual. And because she uses a term with strong sexual connotations to describe experiences she sees as joyous and as resources for social transformation, she thereby implies that some of our most profound and useful experiences are intimately tied to the sexual. Specifically, in describing the “lifeforce” of women as erotic, she implies that women are, at their core, animated by a sexual energy.

Adrienne Rich follows Lorde closely. In her famous article, “Compulsory Heterosexuality and Lesbian Existence” (1980), Adrienne Rich describes all of the means through which heterosexuality is made compulsory for women. She also introduces two concepts: the *lesbian continuum* and *lesbian existence*. In some ways she desexualizes lesbianism by defining the *lesbian continuum* as “a range—through each woman’s life and throughout history—of woman-identified experiences; not simply the fact that a woman has had or consciously desired genital sexual experiences with another woman” (Rich 1980, 648). However, she also tries to redefine many of the experiences on the lesbian continuum as “erotic,” writing:

We begin to discover the erotic in female terms: as that which is unconfined to any single part of the body or solely to the body itself, as an energy not only diffuse but, as Audre Lorde has described it, omnipresent in the ‘sharing of joy, whether physical, emotional, psychic,’ and in the sharing of work; as the empowering joy which ‘makes us less willing to accept powerlessness, or those other supplied states of being which are not native to me, such as resignation, despair, self-effacement, depression, self-denial’ (Rich 1980, 650).

As does Lorde, Rich thereby desexualizes the erotic (and lesbianism) by using the term to apply to other experiences beyond the traditionally sexual, but she also sexualizes these other experiences by describing them as erotic.

And, in her discussion of *lesbian existence*, she makes it clear that she celebrates physical sexual intimacy between women. She does not clearly define lesbian existence (as opposed to experiences on the lesbian continuum), but she suggests that she uses *lesbian existence* to describe those situations in which women do experience sexual desire for other women and do engage in sexual activity with other women. For example, she writes that she wants to connect experiences on the lesbian continuum with “...the *physical passion of women for women which is central to lesbian existence*: the erotic sensuality which has been, precisely, the most violently erased fact of female experience” (Rich 1980, 652–653 emphasis added).

Because Rich focuses on defining and providing examples of the lesbian continuum rather than on defining or discussing what she means by lesbian existence, most critics have accused Rich of attempting to desexualize lesbianism. For example, Patrick Califia writes, “she [Rich] seems every bit as afraid of lesbian lust as the people

and institutions who hunt us down... What can't sex be honored for its own sake, instead of being prettified by the euphemism 'the erotic' and blurred with human experiences that are necessary and worthwhile, but not orgasmic?" (Califia 2000, xix). Califia points out a number of what he sees as sex-negative aspects of Rich's article, including her critiques of pornography, gay male promiscuity, and lesbian sadomasochism. Rich's focus is certainly on male sexual violence against women and she offers a critique of the ideology of the male sex drive similar to that offered by many feminists in the late nineteenth century. She also creates space within feminism for non-sexuality by including nonsexual woman-identified experiences within the lesbian continuum, but she arguably sexualizes those experiences by labeling them erotic. It is also clear that she sees "physical passion" as "central" to lesbian existence. In this ways, both Lorde and Rich do contribute to the regime of compulsory sexuality for women.

Pro-Sex and Sex Radical Feminism (1982-)

In response to the excesses of radical/dominance feminism (or anti-pornography feminism), in the early 1980s a number of feminists began to identify as sex-positive, pro-sex, and sex-radical feminists. In some ways, pro-sex feminism has offered space for non-sexuality within the feminist movement. However, in many ways pro-sex feminism has contributed to the creation of a regime of compulsory sexuality for women. Here I focus on the work of Gayle Rubin, Patrick Califia, and Carol Queen.

Gayle Rubin's work in many ways established a pattern that later sex-positive feminists have drawn on and elaborated. This pattern includes the following elements: the affirmation of sexual diversity, the simultaneous adoption of a Foucauldian and an anti-Foucauldian perspective, the identification of the feminist movement and society at large

as sex-negative, and the celebration of non-normative sexual desires and behaviors. Many elements of this pattern have served to enforce a regime of compulsory sexuality for women.

In her work, Rubin affirms what she calls “benign sexual variation,” writing: “variation is a fundamental property of all life, from the simplest biological organisms to the most complex human social formations...One need not like or perform a particular sex act in order to recognize that someone else will, and that this difference does not indicate a lack of good taste, mental health, or intelligence in either party” (Rubin 1984, 283). By promoting sexual diversity, Rubin thereby opens up space within feminism for non-sexuality.

At the same time, Rubin identifies both the feminist movement and society at large as sex-negative. Of the feminist movement, she writes, “Feminism has always been vitally interested in sex. But there have been two strains of feminist thought on the subject...The second tendency has considered sexual liberalization to be inherently a mere extension of male privilege...With the advent of the anti-pornography movement, it achieved temporary hegemony over feminist analysis” (Rubin 1984, 301). Rubin also has a particular reading of the history of the feminist movement. Like DuBois and Gordon, she identifies the late nineteenth- and early twentieth-century feminist activists who participated in the social purity movement and the anti-vice organizations as “conservatives,” while tracing her own lineage and the lineage of other sex-positive feminists back to free lovers like Victoria Woodhull and sexologists like Hirschfeld and Kinsey. Of these individuals she writes, “surely they are closer to the spirit of modern feminism than are moral crusaders, the social purity movement, and anti-vice

organizations” (Rubin 1984, 302). I agree with Rubin that Woodhull, Hirschfeld, and Kinsey are “closer to the spirit of modern feminism” than the social purity feminists, but I suggest this is in part because of the spread of sex positivism within the contemporary feminist movement, and unlike Rubin I have reservations about this kinship. As I argued in Chapter 2, sexologists like Hirschfeld and Kinsey played an important role in reducing the social space available for non-sexuality by pathologizing various forms of non-sexuality.

Rubin also identifies society at large as overwhelmingly sex-negative. She writes, “Western cultures generally consider sex to be a dangerous, destructive, negative force... This culture always treats sex with suspicion. It construes and judges almost any sexual practice in terms of its worst possible expression... Virtually all erotic behavior is considered bad unless a specific reason to exempt it has been established” (Rubin 1984, 278). While it was true (in 1984) and remains true today that the sexual activities Rubin is most interested in are highly stigmatized by society, it is an exaggeration and over-generalization to view contemporary western society as labeling “virtually all erotic behavior” as bad unless excused by marriage, reproduction, or love.

Rubin also sets the pattern for later pro-sex feminists in her simultaneous embrace of a Foucauldian position and sexual liberation. On the one hand, Rubin is committed to a social constructionist position, writing: “sexuality is impervious to political analysis as long as it is primarily conceived as a biological phenomenon or an aspect of individual psychology. Sexuality is as much a human product as are diets, methods of transportation, systems of etiquette, forms of labor, types of entertainment, processes of production, and modes of oppression” (Rubin 1984, 277). In addition, Rubin has been

deeply influenced by Foucault's analysis of "the generative aspects of the social organization of sex" (Rubin 1984, 276; see also Rubin and Butler 1997). On the other hand, Rubin is committed to "sexual liberation." She writes, "I hope to contribute to the pressing task of creating an accurate, humane, and genuinely *liberatory* body of thought about sexuality" (Rubin 1984, 276 emphasis added). Later she writes that is it "fortunate" that anti-pornography feminists do not speak for all of feminism, and goes on to state: "sexual *liberation* has been and continues to be a feminist goal. The women's movement may have produced some of the most retrogressive sexual thinking this side of the Vatican. But it has also produced an exciting, innovative, and articulate defense of sexual pleasure and erotic justice" (Rubin 1984, 302). While the pursuit of sexual liberation may be compatible with a Foucauldian perspective, it is certainly not an easy fit. In particular, Rubin's self-alignment with thinkers such as Havelock Ellis, Magnus Hirschfeld, and Wilhelm Reich stands in stark contrast to Foucault's critique of the role of sexology, psychoanalysis and psychology in contributing to the creation of interior psychic space and the production of violent exclusions (see Huffer 2009).⁵⁹ This uneasy fit is perhaps

⁵⁹ Elisa Glick argues that this tension in Rubin's work replicates the tension in Foucault's own work between recognizing the productive power of the social organization of sexuality and arguing for sexual liberation. She writes: "Foucault forcefully critiques the theory and practice of emancipatory sexual politics, while nonetheless celebrating a reorganization of 'bodies and pleasures' that, in his view, characterizes 'moments' of transgression, such as those that take place within the S/M scene" (Glick 2000, 23). Sawicki argues that both cultural feminists and sex-positive feminists (she calls the later "libertarian feminists") use a repressive model of power and see liberation of some forms of sexuality as a political goal; she believes these positions are

revealed when Rubin writes, “we need a radical critique of sexual arrangements that has the conceptual elegance of Foucault and the evocative passion of Reich” (Rubin 1984, 277–278).

Finally, Rubin sets the stage for future pro-sex feminists in her celebration of non-normative sexual desires and behaviors. In “Thinking Sex” Rubin explains where her allegiances lie: with sex educators, militant sex workers, lesbian sadomasochists, butch/femme dykes, queers, perverts, transvestites, and sexual dissidents. In her work on sexual subcultures (primarily gale male S/M communities in San Francisco), Rubin celebrates sexual practices including S/M and fisting. Describing a gay male fisting club, the Catacombs, she writes,

In many cultures the application of carefully chosen physical stress is a method for inducing transcendental mental and emotional states. People came to the Catacombs to do prodigious things to their bodies and minds, and some habitués reported having the kinds of transformational experiences more often associated with spiritual disciplines. Catacombs sex was often intense and serious, but it also had a playful, kids-in-the-sandbox quality... The Catacombs environment enabled adults to have an almost childlike wonder at the body. It facilitated explorations of the body’s sensate capabilities that are rarely available in modern, western societies (Rubin 1991, 128).

In this passage (and in the title of the article, “The Catacombs: A temple of the butthole”) Rubin establishes another pattern that was taken up by later pro-sex feminists—the

in contradiction to Foucault’s understanding of power and sexuality and that Foucault supported “de-sexualization” in addition to “de-subjectification” (Sawicki 1991).

association between sexual activity and spirituality. However, Rubin never implies that sexual activity is the only path to transformational experiences or even that non-normative sexual activity is inherently political subversive. Of Samois, the lesbian S/M group of which she was a part, she writes: “Samois never claimed that S/M was particularly feminist, only that there was there was no intrinsic contradiction between feminist politics and S/M practice. Nor did Samois claim that S/M was an inherently liberatory practice, only that it was not inherently oppressive” (Rubin 2011, 210).⁶⁰ In addition, Rubin herself never stigmatizes non-sexuality. However, some of the sex-positive feminists who followed in Rubin’s footsteps expanded upon her model, embracing both a stigmatization of non-sexuality and a view of non-normative sexual activity as itself politically subversive.

Patrick Califia has been another leader in the feminist/sex-positive movement. He came out as a lesbian in the early 1970s and became an active member of the lesbian feminist movement. In the late 1970s and 1980s, he came out again as a lesbian sadomasochist. In the 1990s, he began to live as a man and became a leader in the FTM transgender community.

Like Rubin, Califia supports sexual diversity. In his ideal world, people would “...make sexual choices based on what they liked and needed, not based on what they had been told they should want or what they thought was available...People who wanted to could be wild and crazy, but more sedate individuals wouldn’t feel that they had to

⁶⁰ Glick argues that although many pro-sex feminists deny that they see sex as liberatory, the material effect of this discourse is to valorize non-normative sexualities as transgressive (Glick 2000).

imitate that behavior” (Califia 2000, 152–153). He specifically mentions celibacy as a sexual identity or practice worth learning about; as one of his “forty-two things that you can do to make the future safe for sex,” he writes: “talk to a sex worker, a transgendered person, a celibate, a sadomasochist, a heterosexual—anybody whose sexual identity or practices are different from yours” (Califia 2000, 157).

It is also clear that Califia has been deeply hurt by sex-negativity within the feminist and lesbian movements, and much of what he writes is in response to that pain. Of the 1970s, he writes: “The lesbian community of that decade did terrible things to bi women, transgendered people, butch/femme lesbians, bar dykes, dykes who were not antiporn, bisexual and lesbian sex workers, fag hags, and dykes who were perceived as being perverts rather than über-feminists.” (Califia 2001, 170). In an article written in 1980, he states, “writing this article is painful because it brings back the outrage and hurt I felt at being ostracized from the lesbian-feminist community...The women’s movement has become a moralistic force contributing to the self-loathing and misery experienced by sexual minorities” (Califia 2000, 168–169). Much of Califia’s work is an important and thoughtful response to the exclusionary attitudes and tactics adopted by many feminist and lesbian activists, particularly in the late 1970s and early 1980s. Yet, his work also contributes to the regime of compulsory sexuality.

Like Rubin, Califia views society as overwhelming sex-negative. He thus commits himself to an unabashed celebration of sexuality, missing the extent to which contemporary western society also celebrates sex. Of the gay movement, he writes, “we did not create this heritage of shame and hate. But shifting it from our shoulders will take the most enormous outpouring of sex-positive propaganda that this world has ever seen.

We are going to have to fall in love with lust and defend it, claim it, and make it a source of affirmation” (Califia 2000, xxv–xxvi).

Reflecting a similar tension in Rubin’s work, while Califia often adopts a social constructionist approach to sex, he also expresses reservations about the extent to which sexuality is socially constructed and he sometimes describes sexuality as a biological drive. He writes: “there may be a reproductive imperative to penetrate and ejaculate that is a part of male sexuality regardless of sexual orientation...it seems to me that the social constructionist theory of sexual preference does not cover all the bases. Many of us have desires that were not instilled in us by our parents or their social milieu” (Califia 2001, 293). When he starts taking testosterone, he attributes all sorts of behavioral changes (including an increase in *libido*) to the influence of hormones. He writes, “I had always liked visual erotic material, but it can take me over now in a way that it didn’t before...Now I feel a much stronger, localized concentration of reaction and need. I can absolutely understand why men can (and must!) pay \$40 for a blowjob on the way home from work, or get caught jacking off in public toilets...” (Califia 2001, 398).

Again like Rubin, while Califia states that he does not believe that sex alone is revolutionary—famously writing, for example, “I do not believe that we can fuck our way to freedom” (Califia 1994, 15)—his work also has the material effect of valorizing non-normative sexualities as transgressive. In particular, he describes S/M as politically transgressive. He writes, “We select the most frightening, disgusting, or unacceptable activities and transmute them into pleasure...S/M is a deliberate, premeditated, erotic blasphemy. It is a form of sexual extremism and sexual dissent” (Califia 2000, 159). He also argues that S/M is threatening to the established order because it makes explicit the

sexual undertones of power relationships in our society. He writes: “There’s an enormous hard-on beneath the priest’s robe, the cop’s uniform, the president’s business suit, the soldier’s khakis. But that phallus is powerful only as long as it is concealed...In an S/M context, the uniforms and roles and dialogue become a parody of authority, a challenge to it, a recognition of its secret sexual nature” (Califia 2000, 166). In addition, Califia identifies active sexual desire as a force that can bring radical communities together, writing: “promiscuity was the root of early gay activism. Sex is, after all, the only thing that we have in common. And desire is notorious for leaping fences. If we will let it, it can connect us despite obstacles of class, race, age...or gender” (Califia 2000, 273).

Califia takes his celebration of sex one step beyond Rubin, identifying sex as intrinsically good. When discussing his career as a pornographer, he writes, “Asking why someone would write about sex is rather like asking why anyone would eat at a five-star French restaurant. The *inherent* pleasure of the activity in question seems rather obvious to me” (Califia 2001, 317). When describing his non-monogamous relationship with his partner, Matt, he writes, “Matt and I operate on the principle that sex is good, and more sex is better” (Califia 2001, 37). He also describes the “valorization of sexual pleasure” as “a gift that queer people offer the rest of the world” (Califia 2001, 79).

Califia also goes beyond Rubin in describing sex as a spiritual experience. He writes, “In fact, sexual excess has intrinsic value and a spiritual meaning that makes it a vital part of the human experience...Desire for another’s touch is our first protest against the existential loneliness that inexorably dogs human consciousness...For a few seconds, perhaps, we sense what it might be to welcome Another” (Califia 2000, 274–275). He also suggests that those who help others to safely experience intense sexual sensations are

undertaking spiritual work, writing, “this is the vocation of a new sort of priest” (Califia 2001, 325). He sees sex workers, in particular, as members of this new priesthood, describing his ideal world as one in which “those who wished to worship icons of womanhood, manhood, or intersexuality could perform these sacred obligations with sex workers who were guardians of the mysteries of the human heart and loins” (Califia 2000, 266).

Yet, it is also important to point out that Califia’s corpus is vast and in some of his writings, he undermines the regime of compulsory sexuality that he helps to enforce elsewhere. When describing parenthood he writes that he would exchange “any pleasure another adult could offer me” for five minutes of his son “curling up on my lap in his pajamas thoughtfully chewing on the protruding eyes of his plastic frog” (Califia 2001, 410). As noted above, he does write: “I do not believe that we can fuck our way to freedom” (Califia 1994, 15). He also writes, “Sex is only one kind of magic. Not all magic is sex, and not all sex is magic. If we wish to follow this path to a golden end, we must pursue other kinds of study and accept other kinds of discipline” (Califia 2000, 259). Yet, having read much of Califia’s writing, I believe the overall effect of his work is to valorize sex as the most important type of magic.

Carol Queen takes the sacrilization of sex a step beyond either Rubin or Califia, and, unlike Rubin or Califia she sometimes expresses distain for non-sexuality. In *Real Live Nude Girl: Chronicles of Sex-Positive Culture* (1997), Queen reflects on her own experiences with sexuality; as a bisexual activist, a Ph.D. student in sexology, a sex worker, a sex educator, and a performance artist, while also offering her critique of what

she calls sex-negative feminism and her vision of what a sex-positive culture should look like.

Like Rubin and Califia, Queen does offer a strong defense of sexual diversity. She writes, “‘Sex positive’ respects each of our unique sexual profiles, even as we acknowledge that some of us have been damaged by a culture that tries to eradicate sexual difference and possibility” (Queen 1997, xviii). In a similar vein as Califia, she specifically notes that sex-positivity should not privilege “kinky” sex or sexualities over “vanilla” sex or sexualities. She writes, “[sex-positivity] will not lead to a tyranny of kink...if we can agree that our politics of inclusion is for everyone—a polyfidelitous harem is no more or less honored than a monogamous union, a swinger is no more nor less honored than a virgin or a celibate, a Kinsey three is no more nor less honored than a one or a five, a zero or a six” (Queen 1997, 47). Thus, in some ways Queen’s vision of a sex-positive culture includes spaces within it for non-sexuality. And it is no doubt for this reason that Queen has recently become a supporter of the contemporary asexual movement, appearing in the documentary (A)sexual.

Yet, existing uneasily alongside this message of inclusion in *Real Live Nude Girl* (and her current support for contemporary asexualities), in *Real Live Nude Girl*, Queen also expresses a vision of a sex-positive culture that is in many ways unfriendly to non-sexuality. Like Rubin and Califia, Queen is clearly reacting to certain aspects of lesbian and cultural feminism: the critiques of pornography as violence, of sex work as denigrating, of butch-femme and S/M as replicating sexist and heterosexist relationships. She has been deeply hurt by these aspects of feminism, and her assertion of sex-positivity is a response to real pain. She writes, “as long as the anti-pornography partisans want us

to see fewer, not more and more realistic, explicit images...as long as they insist upon calling consensual work (and play) a form of abuse, the rest of us are going to have to be partisans of desire” (Queen 1997, 148). Yet, in becoming a “partisan of desire,” Queen serves to reinforce compulsory sexuality for women.

Like other sex-positive feminists, Queen believes contemporary western society is predominantly sex-negative. She argues that few people receive comprehensive sexual education, women who know about sex are still labeled sluts by society, and few people are able to tell their partners what they want sexually. So called sexual deviants are still ostracized and oppressed by society, and people are made to feel ashamed for their non-normative sexual desires. Sex workers are still stigmatized by society, and, according to Queen, sexuality has lost the sacred status it once held in “antiquity” (more on this later). Queen writes, “we analyze our experiences and develop our politics based on our understanding of the emotional-impulses-turned-social-forces we call homophobia, biphobia and even ‘heterophobia’ (an antipathy with far less power than these). But we rarely address their underlying source, a phobia that affects nearly all of us because we were born into a society grounded in it. This is *erotophobia*, the fear of sex and sexuality” (Queen 1997, 45 italics in original). As in the case of other sex-positive feminists, Queen’s focus on the sex-negative aspects of contemporary society perhaps leads her to overlook the ways in which our society requires and even celebrates sex. More importantly, it leads her to view sexual activity as both transgressive and potentially revolutionary.

Like Califia, Queen expresses a nominal commitment to social constructionist accounts of sexuality,⁶¹ while also representing sexuality as a primal biological force demanding release. She frequently mentions the role of hormones in producing sexual desire, writing, for example, “I think now that much of the sexual resentment I see troubling women and men derives directly from our having been *hormone-ridden*, largely ignorant teenaged *animals* struggling to learn to make love while burdened with the weight of acculturated shame and crippling gender roles” (Queen 1997, xiv emphasis added). Later she writes, “My journey into sexuality has been deeply informed by my relationship with myself: At different times, my curiosity, shyness, low or high self-esteem, orneriness, fear, bravery, anger and sense of awe have all affected the *sizzling hormonal soup* that began to bubble when I was eleven” (Queen 1997, xvii emphasis added). Elsewhere, she describes the hypothalamus as “the part of the brain that controls a person’s sexual appetite” (Queen 1997, 36). She also describes sexual desire as a “primal” force, writing, for example, “this [masturbating in public] was different—totally primal, caught up in an energy that would not be denied or controlled, and it lasted for a long, long time” (Queen 1997, 92). In addition, at one point she expresses the opinion that the supposed truth of sexual desire can be read directly from the body, without need for interpretation. She writes: “A wet cunt, though, is much less slippery than politics; it is what it is. A wet cunt is pretty easy to interpret” (Queen 1997, 29). Together, these statements suggest that, for Queen, sexual desire and response are, in part, primal bodily processes that society attempts to repress, but that can still break free in certain situations.

⁶¹ For example, Queen summarizes Foucault’s view that prior to the nineteenth century, people performed same-sex acts, but did not adopt a homosexual identity (Queen 1997, 16).

In a number of instances, Queen celebrates the expression of sexual desire and the achievement of sexual pleasure as transgressive or even revolutionary activities. Within sex, she identifies the potential for empowerment and transformation. For example, she believes that S/M can break down oppositional categories, writing, “our sophisticated understanding of fluid gender and erotic roles lets us fuzz the hard Self-versus-Other boundary that is fundamental to every version of xenophobia... We are a tribe of line-crossers, heretics” (Queen 1997, 29). She describes her own participation in S/M activities as leading to transcendence, writing, “When I’m spanked, I am taken out of my day-to-day existence, even out of my everyday personality. I’m challenged through pure sensation as well as through my subordinate position, and I have to occupy my body, my consciousness, maybe even my spirit in a different way” (Queen 1997, 172).

In discussing the work of performance artist Bob Flanagan, Queen argues that pursuing painful sex can allow individuals to explore their limits and “feel blindly for the walls of the possible” (Queen 1997, 79). Queen also describes exhibitionism as empowering, arguing that by breaking sexual taboos, people can learn to feel more confident in non-sexual situations (Queen 1997, 67). Queen also celebrates the transgressive potential of gender play in sexual encounters. When describing such gender play, she writes (in direct opposition to Califia), “I do believe we transform the culture one step, one fuck, at a time” (Queen 1997, 165). Queen goes on to laud the radical aspects of group sex, arguing that group sex can foster supportive communities and interpersonal understanding. She writes, “Group sex is a powerful and precious way to learn tolerance...” (Queen 1997, 74).

Queen also argues that it is very empowering for women to learn how to recognize their sexual desires and demand (and negotiate for) sexual pleasure. She writes, “erotic joy, orgasm and fulfilled fantasies make us stronger in ourselves, not weaker; however those desires are shaped, getting what we want sexually helps us move towards what Maslow termed *self-actualization*” (Queen 1997, 176 italics in original). Although she does not say that sex is the only way to blur oppositional categories and gender roles, experience transcendence, transform the culture, establish progressive communities, or achieve self-actualization, for Queen, sex is certainly a privileged way to achieve all of these goals.

Queen’s sacralization of sex is perhaps the aspect of her philosophy most incompatible with non-sexuality. Queen practices Goddess worship, and she believes that in the Goddess religions of “antiquity,” sex and prostitution were sacraments. According to Queen, early Christians denigrated sexuality as part of their “war” against Goddess worship. She sees her own sex work as a sacred and healing practice. She writes, “to guide another person to orgasm, to hold and caress, to provide companionship and initiation to new forms of sex, to embody the Divine and embrace the seeker—these are healing and holy acts” (Queen 1997, 204). She describes her participation in a performance piece during which she masturbated on stage with other women in front of an audience of four hundred people as a “spiritual experience” (Queen 1997). She wants to return sex to what she sees as the important and sacred role it played in “antiquity.” She writes,

Suppose sex mattered so much that we were all drawn to its spectacle openly, not through the surreptitious medium of porn. Suppose we could go watch Annie

[Sprinkle] and her priestesses undulate and howl in full-body orgasm and not even have to call it ‘performance art.’ Suppose our public spaces were like Pompeii and Herculaneum, decorated with friezes showing people fucking. Suppose the new President was not sworn in by placing his hand on a Bible, but (as kings were of old) by having to pleasure the High Priestess. Sex would not only be laden with a spiritual significance it has, over the millennia, been shorn of. It would also have public significance—community significance (Queen 1997, 94–95).

She believes that a sexual and spiritual community is growing in which sex is acknowledged as sacred. Of this community, she writes:

Sexual and spiritual community grows because people want to connect, to feel themselves one with another person, with the earth, a great web of love and pleasure and affiliation. Deep down none of us wants to be estranged from our sexuality, from erotic delight, from the embrace of others, and as long as this is true, sexual and spiritual community will continue to grow (Queen 1997, 96–97).

Unlike Rubin or Califia, Queen also occasionally expresses disdain for non-sexuality. Early in her book, she talks about her mother’s lack of interest in or enjoyment of sexual intercourse. It is clear that Queen feels both pity and contempt for her mother. She comes close to calling her mother frigid (a frigidity she attributes to early sexual abuse), writing, “I realized with a deep, desperate sadness that you had never felt anything like that [an electric jolt from sexual activity], never would. I had dreams of making you come, only to heal my broken heart: that I had come from such an *icy* place” (Queen 1997, 4–5 emphasis added). She also expresses the opinion that underneath her mother’s icy exterior, her mother must have been hiding her true sexuality, asking, “What

sort of eroticism hid in you, locked away from everyone?" (Queen 1997, 7). For Queen, her mother's non-sexuality is a sign of her mother's brokenness.

At one point, Queen writes that good girls (girls who don't engage in sex) are "missing out" (Queen 1997, 75). Elsewhere, Queen somewhat factiously raises questions about the sexuality of anti-porn activists. She suggests that anti-porn activists must have experienced sexual, physical, and/or emotional abuse as children. She suggests that, as a result of this abuse, anti-porn activists are, in fact, "turned on" by condemning pornography and "deviant" forms of sexuality. She recommends labeling this type of sexuality "absexuality" (away from sex). She also suggests that many absexuals may suffer from "anhedonia," which she describes as the inability to experience pleasure in orgasm as a result of damage to the hypothalamus. She also states that damage to the hypothalamus may lead to a number of symptoms including loss of *libido*, weight gain and diabetes, and rage states. Thus, in this case, Queen describes a political stance she disagrees with (anti-pornography) as a type of sexuality (absexuality), which she associates with a specific form of non-sexuality (anhedonia), which in turn she associates with other forms of so-called physical and emotional disorders (fat, diabetes, and rage). Although Queen is writing somewhat ironically, this essay reveals the easy associations she makes between what she sees as a retrogressive political allegiance and non-sexuality.

Thus, in its view of society as sex-negative, of sexuality as biological, natural, primal, or spiritual, and of non-normative sexual desires and activities as transgressive and transformative, pro-sex or sex-positive feminism contributes to a regime of compulsory sexuality for women.

Queer Theory (1990-)

I do not have the space here to fully analyze the implications of Queer Theory for non-sexuality. Sex-positive feminists like Rubin contributed to the establishment of Queer Theory as a discipline in the late 1980s and early 1990s, and queer theory and sex-positive feminism have remained intimately connected. I believe that queer theory has many of the same positive implications for non-sexuality as some contemporary pro-sex feminism (valuing sexual diversity, adopting a social constructionist approach to sex) and many of the same negative implications for non-sexuality (celebration of non-normative sexualities, viewing non-normative sexual expression as a path to liberation).⁶² Elisa Glick makes some of these arguments in her essay, “Sex Positive: Feminism, Queer Theory, and the Politics of Transgression” (2000). She writes: “the theoretical refusal of the familiar story of sexual liberation [by pro-sex and queer theorists] does not undermine the material effects of this discourse’s valorization of transgression. By holding up sexually dissident acts as valuable political strategies, these pro-sex and queer theories promote a ‘politics of ecstasy’ that Singer describes as the sine qua non of the sexual revolution” (Glick 2000, 27). She goes on to write: “The advocacy for transgressive sexual practices as political strategies reflects an utopian longing in contemporary politics and theory, an idealization of sex that contradicts queer theory’s effort to construct an anti-essentialist politics” (Glick 2000, 40). In these ways, some aspects of queer theory have also reinforced compulsory sexuality. Elsewhere (Gupta 2013), I have analyzed in

⁶² For an example of a queer theorist whose vision of sexual diversity includes people for whom sex is just not that important, see (Sedgwick 1990)

greater depth the role of “sex-normative assumptions” in the response of some queer theorists to the film *The Kids Are All Right* (2010).

Third Wave Feminism (1992-)

Contemporary Third Wave feminism has embraced the sex-positive message of both pro-sex feminism and queer theory. Not exclusively or even primarily an academic movement, Third Wave feminism includes a wide variety of ideas and actors, ranging from riot grrrls to the feminist pop culture magazines *Bitch* and *Bust*. While Third Wave feminism contains as many different ideologies as it does actors, it has generally embraced a pro-sex agenda. Debbie Stoller, cofounder and editor of *Bust*, describes the sexual “credo” of the Third Wave as follows: “In our quest for total sexual satisfaction, we shall leave no sex toy unturned and no sexual avenue unexplored. Women are trying their hands (and other body parts) at everything from ‘phone sex’ to cybersex, solo sex to group sex, heterosex to homosex. Lusty feminists of the third wave, we’re more than ready to drag-race down sexual roads less travelled” (quoted in Henry 2004, 77).

In a discussion of the sexual agenda of the Third Wave, R. Claire Snyder writes: “While third-wavers claim the mantle of being prosex, however, the central issue at the heart of the sex wars—how to create gender equality when women enjoy female objectification (pornography), claim the right to make money servicing male sexual needs (prostitution), and eroticize relationships of inequality (sadoomasochism)—has never been resolved; it seems to have simply dropped from sight” (Snyder 2008, 189). The sexual agenda of Third Wave feminism has also been taken up in popular culture. As one example, Astrid Henry cites the representation of sexuality on *Sex in the City*, noting, “*Sex and the City* reflects an important—if limited—vision of female empowerment, a

feminism that mirrors contemporary third wave attempts to celebrate both women's power and women's sexuality, to create a world where one can be both feminist and sexual" (Henry 2004, 82).

Rebecca Walker is one of the leading figures of Third Wave feminism. Her article, "Lusting for Freedom," reflects some of the same themes identified above in cultural feminist and sex-positive feminist writings. She too identifies society as sex-negative, identifying cultural taboos, government controls and religious mandates as responsible for preventing young women from safely developing their sexual selves. She also occasionally represents sexuality as an innate drive, writing, for example, "without being able to respond to and honor the desires of our bodies and our selves, we become cut off from our *instincts* for pleasure, dissatisfied living under rules and thoughts that are not our own" (Walker 2001, 23 emphasis added). Later she writes, "This is sex where we, young women, are powerless and at the mercy of our own desires. For giving our bodies what they want and crave, for exploring ourselves and others, we are punished like Eve reaching for more knowledge" (Walker 2001, 23). She identifies sexuality as a potential form of power, writing, "my quest was not simply a search for popularity, but a definite assertion of my own nascent erotic power. This strange force, not always pleasurable but always mine, nudged me toward physical exploration and self-definition, risk taking and intimacy building, twisting each element into an inextricable whole" (Walker 2001, 21). She also wants sexuality to be more spiritual and describes sexuality as a tool for self-actualization and bodily pleasure as a birthright.

Thus, in embracing some of the same tenants embraced by sex-positive writers, and in popularizing these messages, in some ways Third Wave feminism may have contributed to compulsory sexuality.

Feminist Sex Therapy

In this final section, I want to briefly highlight the relationship between feminism and sex therapy. Although frequently critical of mainstream approaches to treating sexual dissatisfaction, the feminist movement has a long history of offering sex therapy and advice to women. Since Margaret Sanger published her marital advice manual, *Happiness in Marriage*, in 1920, some feminists have been providing advice to women about how to treat sexual problems and increase sexual satisfaction. The provision of sex therapy by feminists offers perhaps the clearest and most direct evidence of the role feminists have played in encouraging other women to engage in sex work.

For example, drawing on Sanger's celebration of marital sex, Planned Parenthood began offering sex therapy for women at its clinics in the late 1940s and the 1950s.⁶³ According to historian Linda Gordon, while this sex therapy was radical in some respects, it largely sought to shore up the institution of marriage and it focused primarily on individual solutions to social problems. She writes, "the sexual help that birth controllers were offering in the 1940s was brave and useful to clients. But it also contributed, ironically, to frustration. The sexual focus reflected and encouraged an exclusive focus on domestic life. Planned Parenthood urged sexual fulfillment even as it

⁶³ Whether or not Planned Parenthood was a feminist organization in the 1940s and 1950s is open to debate. But it certainly grew out of the first wave of the feminist movement (in part) and fed into the resurgence of the women's liberation movement in the 1960s (Gordon 2002).

encouraged mothers to stay at home, there to be responsible for better but smaller families” (Gordon 2002, 276).

In the late 1960s and 1970s, reflecting the focus of early Second Wave feminists on female orgasm, a number of feminist-inspired and feminist therapists began to offer sexual therapy groups for so-called preorgasmic women, in order to teach women how to achieve orgasm through clitoral stimulation. Therapist Lonnie Barbach, one of the originators of therapy groups for preorgasmic women, published *For Yourself: The Fulfillment of Female Sexuality* in 1975, which was designed to help preorgasmic women achieve orgasm on their own. It went on to become a bestseller and was republished in 2000 (Barbach 1975; Barbach 2000; Barbach and Bullard 2011; Chalker and Fish 2002). It was followed by a number of other sex manuals written by feminist-inspired and feminist sex therapists, including sex manuals directed at lesbian women (for recent examples, see Winks and Semans 2002; Newman 2004). During the 1980s and 1990s, lesbian sex therapists in particular worried about the phenomenon of lesbian bed death among their clients and sought to develop methods for treating their patients (Iasenza 2002; Nichols 2004; Hall 2004). Lesbian therapist Marny Hall recognizes that she and other therapists may have contributed to the pathologization of non-sexuality among lesbians. She writes, “In previous eras, lesbians had been sick when they were sexual. Now, compliments of lesbian affirmative therapists, they were sick when they weren’t” (Hall 2002, 164).

Since the 1980s, pro-sex feminists (and later queer activists and third wave feminists) have also begun producing works which straddle the line between politics, sexual education, and therapy. The so-called mother of sex-positive feminism, Betty

Dodson, traveled around the country in the late 1970s and 1980s holding workshops on masturbation (Chalker and Fish 2002). Her book, *Sex for One* (self-published in 1974, first commercially published in 1987), sold over a million copies (Dodson 2010; Rogers and Dodson 2012). In the book, she writes:

Masturbation is our first natural sexual activity. It's the way we discover our erotic feelings, the way we learn to like our genitals and to build sexual self-esteem. It's the best way to gain sexual self-knowledge and to let go of old sexual fears and inhibitions. For women especially, it's a way to build confidence so we can communicate clearly with our lovers...liberating masturbation was my feminist commitment" (Dodson 1996, 4-5).

In the late 1970s, other sex-positive feminists began to produce and sell erotic literature and films, publish sex manuals, run therapy workshops, and open sex shops. The first feminist sex shop in the United States, Good Vibrations, was founded in 1977 in San Francisco, and continues to operate today. Originally focused on selling vibrators to women, the store expanded to include all types of sex toys for customers of all genders and sexual orientations.⁶⁴ In 1997, annual sales were at \$5 million (Loe 1999).

Throughout its history, Good Vibrations employees have offered sexual education to customers and have led regular sex workshops (Loe 1999). Loe writes:

⁶⁴ The founder of Good Vibrations, Joani Blank, was involved in running workshops for preorgasmic women, which gave her the idea to open a sex shop for women. Carol Queen has worked as the "Staff Sexologist" at Good Vibrations since 1990 (Loe 1999; "Good Vibrations Sex Doctors Are in the House" 2012).

[Good Vibrations] proposed something different from other pro-sex leaders, insinuating that women might have to leave the home – and go shopping—to tap into the variety and significance of pleasure. At [Good Vibrations], they would find sexual products as well as a unique space focused on the female body and a commitment to honest sex information...Insisting that increasing women's pleasure was its first priority, [Good Vibrations] was putting its own version of pro-sex theory into practice in the marketplace (Loe 1999, 712–713).

Sociologist Thea Cacchioni conducted interviews with women who identified themselves as experiencing some type of sexual problem. According to Cacchioni (2007), these women undertook significant amounts of work to address these sexual problems. Participants used pills, creams, gels, herbal remedies, vaginal dilators, and vibrators to alter sexual functioning; they turned to books, magazines, the Internet, and friends for advice; and they visited and allowed themselves to be examined by doctors, mental health professionals, physical therapists, and practitioners of alternative medicine. It is worth asking to what extent the feminist discourses identified here contributed to these women feeling like their sexuality was disordered in some way. It is also worth asking if the books these women read included *Sex for One* or *For Yourself*, if the vibrators they purchased were from Good Vibrations, or if the mental health professionals they consulted included feminist sex therapists.

Conclusions

This genealogy of feminist approaches to sexuality suggests that some feminists have been able to articulate a defense of spinsterhood and celibacy and have been able to offer a critique of certain aspects of sexuality as both compulsory and oppressive. These

arguments offer insights for contemporary scholars attempting to create space within feminism for non-sexuality. However, these examples also suggest that it can be difficult to critique certain aspects of sexuality as oppressive without sliding into a rejection of sexual agency and sexual pleasure. Certainly, the move by many radical/dominance feminists in the 1970s and 1980s to critique the sexual oppression of women bled into an explicit or implicit rejection of sexual agency and sexual pleasure among queer women.

This genealogy also suggests that feminists have also had a long history of rejecting non-sexuality (either explicitly or implicitly) and contributing to regimes of compulsory sexuality. For example, some birth control advocates in the 1920s and 1930s argued that sexual pleasure was necessary for health and wellbeing. A number of early Second Wave feminists described women as sexually voracious and multiply orgasmic. Others described sexuality in a state of nature as polymorphously perverse, and sought to transform society in order to allow women to express their true sexual natures. Although contemporary sex-positive feminism, queer theory, and Third Wave feminism have all ostensibly adopted a social constructionist approach to sex, this analysis suggests that some of this scholarship remains haunted by notions of sexuality as natural, primal, and/or spiritual. In addition, the work of sex-positive feminists, queer theorists, and Third Wave feminists has often had the material effect of valorizing non-normative sexual identities, desires, and activities as politically transgressive and transformative.

My suggestion here is that it is time to consider the benefits and drawbacks that would come from retiring the term *sex-positive* within feminism. The term has done useful work, and may continue to do useful work as a response to those aspects of our society that seek to restrict and stigmatize non-normative sexual activities. However,

there are also notions of inherency and universality built into the term (sex is inherently good for everyone in all situations) that may contribute to discriminatory attitudes and actions against people who identify as asexual. In addition, as I have argued here, in some ways, sex-positivism serves to reinforce regimes of compulsory sexuality for everyone.

Thus, it may be beneficial to articulate a different feminist approach to sexuality, one that draws on certain insights offered by pro-sex feminists (i.e. a respect for sexual diversity) while also drawing on the insight that sex is but one path of many to a full, vivid, ecstatic life. It will be, in part, the work of Chapter 5 to articulate this different approach.

Chapter 4: “And Now I’m Just Different, but There’s Nothing Actually Wrong with Me”: Compulsory Sexuality and Asexual Resistance

Although scholars in a number of disciplines have investigated the sexualization of culture (Attwood 2006), as yet, little research has been done on the ways in which individuals and communities engage with sexualization. Understanding this will help scholars to understand how processes of sexualization operate, especially how they both enable and constrain us.

In the past ten to fifteen years, a number of individuals have begun to explicitly identify as asexual and to form online asexual communities. The largest online community, the Asexuality Visibility and Education Network (AVEN) was founded in 2001. As of March of 2013, there were over 44,000 registered members of AVEN.

AVEN defines asexuality as “not experiencing sexual attraction.”

The recent effort of some individuals and communities to define asexuality (or a lack of sexual attraction) as a sexual identity category is a particularly interesting site to investigate resistances to sexualization, as asexual activism offers a unique challenge to normative understandings of sexual desire. Specifically, contemporary asexualities potentially challenge any naturalization of sexual attraction⁶⁵ as a universal motivating force for healthy adults or as an essential component of adult identity.

Drawing on interviews with individuals who identify as asexual, this chapter investigates contemporary asexualities in order to answer the following questions: how has compulsory sexuality impacted the lives of those who cannot or do not want to meet

⁶⁵ In this chapter, I use sexual attraction and sexual desire interchangeably. This is not how AVEN uses these terms, which will be discussed later.

societal expectations for what counts as a supposedly normal level of sexual attraction? How have individuals who identify as asexual resisted, challenged, and reworked contemporary sexual norms in order to accommodate their particular ways of being in the world? Through my analysis of my interview transcripts, I demonstrate the impact of compulsory sexuality on the lives of my interviewees in four commonly reported experiences: reported experiences of pathologization, reported experiences of isolation, reported experiences of unwanted sex and relationship conflict, and reported experiences in which self-identified asexual individuals were told that they did not know their own sexual desires. I also identify five strategies that interviewees used to respond to compulsory sexuality: describing asexuality as simply different from, rather than inferior to, alternative ways of relating to others; describing asexuality as an orientation or identity; deemphasizing the importance of sexuality for human flourishing; developing new types of interpersonal relationships; and engaging in community building and outreach. From this, I argue that asexual resistance both disrupts sexual norms by undermining taken-for-granted assumptions about the universality of sexual desire while also reinforcing sexualization by continuing to place sexuality at the center of public discourse.

Literature Review

As asexuality has only recently been explicitly articulated as a sexual identity category, there is only a small, albeit expanding, body of scholarship on the contemporary asexual movement to date. Here I offer an overview of this literature:⁶⁶

⁶⁶ A version of this review appears in (Carrigan, Gupta, and Morrison 2013). Reproduced here with the permission of the other authors and the editor of *Psychology and Sexuality*.

A. Population Surveys

Several studies have attempted to estimate the prevalence of asexuality in the general population. Two analyses of large-scale survey data have found a population prevalence rate for asexuality of around 1% (Bogaert 2004; Poston and Baumle 2010). Bogaert used data from a 1994 national probability sample of British residents to classify as asexual those respondents who answered: “I have never felt sexually attracted to anyone at all.” He classified approximately 1% of respondents as asexual.⁶⁷ Bogaert found that women were more likely to be classified as asexual than men (Bogaert 2004). Poston and Baumle used data from a 2002 nationally representative survey of Americans to derive their prevalence estimates. They used three different definitions of asexuality (based on reported behavior, self-identification, and desire respectively) to derive three prevalence estimates.⁶⁸ Based on the definition used, the prevalence estimates varied

⁶⁷ He classified 195 respondents as asexual out of a total sample size of 18,621 (Bogaert 2004)

⁶⁸ The behavioral measure captured people who reported never having engaged in specific sex acts. The self-identification measure captured people who reported their sexual orientation as “something else” (choices included heterosexual, homosexual, bisexual, and something else). As Poston and Baumle note, this measure probably captured more than just asexual individuals. The desire measure captured people who answered “not sure” in response to the question: “People are different in their sexual attraction to other people. Which best describes your feelings?” The choices were: only attracted to the opposite sex, mostly attracted to the opposite sex, equally attracted to the opposite sex and the same sex, mostly attracted to the same sex, only attracted to the same sex, and not sure. As Poston and Baumle note, those who answered “not sure” most likely includes more than just people who did not experience sexual attraction (Poston and Baumle 2010).

among men from 0.7% (desire definition) to 6.1% (behavioral definition) and varied among women from 0.8% (desire definition) to 4.8% (behavioral definition) (Poston and Baumle 2010).

B. Research with Individuals Who Identify as Asexual

A small number of studies have been conducted with individuals who identify as asexual. Prause and Graham interviewed four individuals who identified as asexual and administered a survey to a convenience sample of 1,146 people (41 people in this sample identified as asexual). According to Prause and Graham, the asexual individuals in the study were distinguished by lower scores on sexual desire and sexual arousability scales. Prause and Graham suggest that asexuality may be the result of low sexual excitatory processes but not high sexual inhibitory processes (Prause and Graham 2007).

Scherrer collected survey responses from 102 individuals recruited from the Asexuality Visibility and Education Network (AVEN). According to Scherrer, many respondents defined sexual activity narrowly as penetrative intercourse. Many respondents also described asexuality as an innate or inborn sexual orientation. Finally, many respondents identified as *romantic* if they sought romantic but non-sexual relationships or *aromantic* if they did not (Scherrer 2008). In later articles based on the same data, Scherrer notes that respondents sought a variety of different types of non-sexual intimate relationships: some were not interested in romantic or even intimate relationships at all, some were interested in dyadic, monogamous, and romantic relationships, and some were interested in non-sexual polyamorous relationships. According to Scherrer, those respondents who were interested in intimate relationships evaluated the closeness of their relationships not based on the presence or absence of

sexual activity but on characteristics such as trust, support, and mutual engagement. However, according to Scherrer, many respondents did not have the language to describe the new types of relationships they were forming (Scherrer 2010a; Scherrer 2010b).

Brotto et al. (2010) administered a quantitative questionnaire to 187 AVEN members and conducted in-depth interviews with 15 AVENites. According to the survey, AVEN members experience low levels of sexual desire and/or attraction, but in most cases do not find this distressing. More than 25% of respondents had engaged in partnered sexual intercourse and the rate of masturbation among survey respondents was comparable to that among the general population. Rates of psychiatric illness were also similar, although Brotto et al. raise the possibility that asexual self-identification may be correlated with “atypical” social functioning. Brotto et al. identify ten themes from the in-depth interviews: interviewees defined asexuality as a lack of sexual attraction; interviewees described feeling different; some interviewees were interested in romantic relationships; some interviewees saw a connection between asexuality and social withdrawal; many of the individuals who masturbated did not see masturbation as a sexual activity; many interviewees described sexual activity with technical language; interviewees in relationships with sexual individuals talked about both the importance and difficulty of negotiating sexual activity; some interviewees saw a connection between asexuality and atheism; and most interviewees felt it was important to educate others about asexuality in order to increase acceptance of asexuality (Brotto et al. 2008).

Brotto and Yule (2010) compared subjective and physiological sexual arousal in self-identified heterosexual, bisexual, homosexual, and asexual women (n=10, 10, 11, 7). Arousal was measured in response to erotic images. Subjective arousal was measured

using self-report; physiological arousal was measured using a vaginal photoplethysmograph. All groups reported similar subjective arousal and all had similar levels of physiological arousal. Unlike the other groups, the group of asexual women reported no increase in “sensuality-sexual attraction” or positive affect in response to the stimuli. In addition, subjective arousal and physiological arousal were correlated only in the asexual group. Based on these findings, Brotto and Yule conclude that asexuality in women is not characterized as a disorder of sexual arousal (Brotto and Yule 2010).

Carrigan conducted a thematic analysis of asexual websites, interviews with eight self-identified asexual individuals and an open-ended survey of 174 self-identified asexual individuals. According to Carrigan, there is a great deal of diversity within the asexual community. Individuals varied in their attitudes toward sexual activity, some were completely repulsed by the thought of sex while others were willing to engage in sex for a partner. Individuals also varied in their attitudes toward romantic relationships. Yet, despite this diversity, individuals were able to come together around the definition of asexuality as a lack of sexual attraction and many individuals shared a similar life story, which closely followed the coming out narrative described by many GLBTQ individuals (first engaging in self-questioning as a result of feeling different from others, then considering a pathological explanation for this feeling of difference, later discovering the asexual community, and finally adopting a self-affirming asexual identity) (Carrigan 2011).

C. Theoretical and Conceptual Issues

A number of scholars have begun to examine the theoretical and conceptual issues raised by the emergence of asexuality as an identity category.

Definitional Issues: Some scholars have described asexuality as a discrete, innate sexual orientation. Bogaert argues that asexuality is a distinct sexual orientation and should be defined as a life-long lack of sexual attraction to others (Bogaert 2006; Bogaert 2008). Others (Prause and Graham 2007; Brotto et al. 2008; Brotto and Yule 2010) have conducted research with individuals who self-identify as asexual, but they have generally treated asexuality as an orientation characterized by a lack of sexual attraction to others.⁶⁹ This definition has advantages as it is capacious enough to include people who engage in sex for non-sexual reasons, people who feel undirected sex desire (desire which is not directed at a specific person or desire which does not motivate a person to engage in sexual activity with others), and people who engage in masturbation or other autoerotic activities for either sexual or non-sexual reasons (some individuals who identify as asexual derive pleasure from sexual activities; others may engage in sexual activity in order to satisfy a partner).

Other scholars have taken a social constructionist approach to asexuality, calling attention to the diversity within asexual communities and arguing for the importance of allowing the definition of asexuality to remain fluid. Hinderliter critiques Bogaert's definition of asexuality as a life-long lack of sexual attraction, suggesting that some people may move into and out of the category of asexuality over the course of their lives (Hinderliter 2009). In response to a letter by Brotto and Yule (Brotto and Yule 2009), Chasin argues that people who self-identify as asexual may have qualitatively different

⁶⁹ *Sexual identity* (who a person thinks they are sexually) is different from *sexual orientation* (a "disposition" based on a person's sexual desires and the sexual behaviors he or she would engage in under ideal conditions) (Stein, 2001).

experiences than people who have an asexual orientation but do not adopt an asexual identity (Chasin calls the latter “potential asexuals”), as the languages and practices developed within the asexual community will shape their understanding and experience of their lack of sexual attraction. Chasin also critiques the sharp distinction between asexuality and sexuality, arguing that people fall along a continuum and that researchers should consider using continuous constructs in place of categorical constructs when studying asexuality. Finally, Chasin argues that, like sexuality, asexuality may be best understood as a “meta-construct” rather than a “monolithic essence” (Chasin 2011a, 716).

Other scholars have also called for more fluid definitions of asexuality.

Cerankowski and Milks (2010) describe what they call a “feminist mode of asexuality,” which could include people who are not “intrinsically” or “biologically” asexual but who are sexually inactive as a result of “feminist agency” (Cerankowski and Milks 2010, 659). Kim argues that asexuality may be described as a “disidentification” with sexuality, and she also argues that when asexuality is defined as a lack of sexual attraction or interest, this definition is dependent on some conception of what counts as a so-called normal level of willingness and ability to engage in sexual activity (Kim 2011, 486). Kim also emphasizes the fact that both sexuality and asexuality are produced in a specific historical and cultural context (Kim 2011). Lastly, Przybylo also criticizes essentialism in asexualities scholarship and argues that asexuality should be defined by what it does (for example, transfiguring relational networks) and not by what it does not do (Przybylo 2011; Przybylo 2012).

Relationship between Asexuality and Sexual Desire Disorders: A number of scholars have attempted to separate asexuality from sexual desire disorders. Bogaert

distinguishes between asexuality and Hypoactive Sexual Desire Disorder (HSDD) based on the fact that, according to him, asexuality is a life-long condition and asexual individuals are not distressed by their lack of sexual desire (Bogaert 2006; Bogaert 2008). Prause and Graham (2007), Brotto et al (2008), and Brotto and Yule (2010) also argue that asexuality and HSDD are different because asexual-identified individuals are not distressed by their lack of sexual interest.

However, there are a number of problems with this distinction. As Brotto and Yule point out, an asexual-identified individual may feel distress as a result of social stigma or pressure from a partner to be more sexual. Brotto and Yule recommend referring to relationship therapy an asexual person who seeks treatment because of an unsupportive partner and they recommend against treating such a person with pharmaceuticals or sexual skills training (Brotto and Yule 2010). Other scholars have questioned the distinction between individuals who identify as asexual and individuals who have received the diagnosis of HSDD. According to Chasin, individuals who have received the diagnosis of HSDD might choose to identify as asexual in the future if they are educated about the possibility of claiming asexuality as a sexual identity (Chasin 2011a).

Challenge to Dominant Understandings of Sexuality and Relationships: A number of scholars have argued that asexual activism challenges our society's dominant understandings of sexuality and interpersonal relationships. According to Scherrer, asexual activism challenges the assumption that "all humans possess sexual desire" (Scherrer 2008, 621). In addition, by redefining sexual activities as nonsexual, asexual activism disrupts the border between the sexual and the nonsexual (Scherrer 2008).

Finally, by establishing new types of intimate relationships, asexual individuals also challenge our society's privileging of sexual relationships over non-sexual relationships and can undermine our society's conflation of romantic and sexual attraction (Scherrer 2010a; Scherrer 2010b). Similarly, other scholars have argued that asexuality contests our "sex-normative culture" (Cerankowski and Milks 2010), "sexualnormativity" (Chasin 2011a), and our society's "sexual assumption" (Carrigan 2011). According to Kim, asexual activism may also contest the idea that sexual activity is a necessary part of a healthy lifestyle (Kim 2010).

Several scholars have argued that asexual activism also challenges some aspects of feminist, queer, and disability rights scholarship and activism. Cerankowski and Milks suggest that asexuality may test the rhetoric of sexual liberation used in some feminist and queer theory and activism (Cerankowski and Milks 2010). Kim suggests that asexual activism may challenge those disability rights scholars and activists who have responded to the "desexualization" of people with disabilities by arguing that all people are inherently sexual (Kim 2011).

However, some scholars have pointed out that asexual activism may not pose a serious challenge to contemporary norms about sexuality and relationality. Przybylo argues that current asexual activism, which seeks public recognition for asexuality as an innate sexual orientation characterized by lack, does not really challenge what she calls "sexusociety." She writes: "in its current reactive, binarized state, asexuality functions to anchor sexuality, not alter its logic. It is, in part, through its incitement to speak of sexuality that asexuality operates as stabilizing agent" (Przybylo 2011, 452). Still,

Przybylo suggests that other conceptions of asexuality may offer more of a challenge to sexusociety (Przybylo 2011).

Other scholars have pointed out that while contemporary asexualities may challenge norms about sexuality and relationality, contemporary asexual activism may not challenge, or may even reinforce, other inequalities. For example, some scholars have critiqued the overwhelming whiteness of online asexual communities. In her study of AVEN, Ianna Hawkins Owen found that when black asexuals posted on AVEN looking for other black asexuals, “white asexuals and those who do not identify themselves [in terms of race or ethnicity] use these threads to make statements that, 1) AVEN is a safe, diverse environment, 2) AVEN is a race neutral place and asexuals are color-blind, or 3) race is anachronistic, un-important or itself ‘racist.’ All three of these tendencies work to minimize the significance of race, to obscure ‘white’ as a race by claiming neutrality, and to dismiss user interests or lived/digital experiences” (Siggy 2013). Eunjung Kim and I have also called attention to the ways in which some asexual activism has reproduced ableist discourses (Kim forthcoming; Gupta forthcoming).

Contributions of This Study

Although the work summarized above has made a significant contribution to understanding the development of asexual identities and communities, many questions remain. As yet unexplored are the effects of contemporary sexual norms, including those norms that contribute to compulsory sexuality, on the lives of individuals who identify as asexual. In addition, while some scholars have suggested ways in which asexual activism might theoretically challenge dominant understandings of sexuality and relationships and pro-sex messages within feminist, queer, and disability rights scholarship and activism,

there remains much to be learned about how individuals who identify as asexual themselves have worked to resist, challenge, and refigure contemporary sexual norms.

Drawing on in-depth interviews with a large sample of individuals who identified as asexual, this chapter contributes to the growing literature on asexualities by analyzing the impact of compulsory sexuality on the lives of individuals who identify as asexual and by analyzing the response of individuals who identify as asexual to compulsory sexuality. In my analysis of the interviews, I demonstrate the impact of compulsory sexuality on the lives of my interviewees in four commonly reported experiences: reported experiences of pathologization, reported experiences of isolation, reported experiences of unwanted sex and relationship conflict, and reported experiences in which self-identified asexual individuals were told that they did not know their own sexual desires (in other words, they were denied epistemic authority). I also identify five strategies that interviewees used to respond to compulsory sexuality: describing asexuality as simply different from, rather than inferior to, alternative ways of relating to others; describing asexuality as an orientation or identity; deemphasizing the importance of sexuality for human flourishing; developing new types of interpersonal relationships; and engaging in community building and outreach. From this, I argue that asexual resistance both disrupts sexual norms by undermining taken-for-granted assumptions about the universality of sexual desire while also reinforcing sexualization by continuing to place sexuality at the center of public discourse.

Methods

I have used a variety of qualitative methods to investigate contemporary asexualities. In order to obtain background information, I informally analyzed content

(blog entries, forum discussions, and newsletters) posted on AVEN and on other websites. In order to gain additional familiarity with the AVEN community, I also attended three in-person meetings of AVEN members in the Atlanta area. Formally, I conducted thirty in-depth semi-structured interviews with individuals who identified as asexual.

For the interview portion of the research, I posted requests for interviewees on the AVEN website. My request for interviewees was also circulated to two local AVEN listservs (in San Francisco, CA and the Washington, DC area).⁷⁰ Inclusion criteria were as follows: the individual must live in the United States, must be 18 years of age or older, and must identify as asexual or as a member of an asexual community. Semi-structured interviews were conducted from January of 2011 through May of 2012 using an interview protocol (included as Appendix 1).⁷¹ All interviewees gave informed consent before the interview. Interviewees also filled out a short demographic questionnaire before the interview. Interviews lasted between 30 minutes and two and a half hours. On average, the interviews lasted slightly more than one hour (median: one hour). Interviewees were given a \$25 gift certificate from Amazon.com for participating in the research. Twenty-five of the interviews were conducted in-person in the following areas: Atlanta (six); New York (three); Boston (five); Los Angeles (four); San Francisco (one);

⁷⁰ I posted a number of requests for interviewees in the Atlanta area. Before embarking on my research trips to New York, Boston, Los Angeles, San Francisco, and Washington, DC, I also posted requests asking for interviewees in those areas who could meet with me during the specific dates of my trips.

⁷¹ I developed the initial interview protocol before beginning the research. I revised the protocol once during the course of the research. The interview protocol is included as Appendix 1.

and Washington, DC (six). The other five interviews were conducted over the phone. The project was approved by the Emory Institutional Review Board (IRB) and by the AVEN Project Team.⁷² Funding for the research was provided by the Emory Graduate School, a dissertation grant from the Southeastern Women's Studies Association (SEWSA) and a student research grant from the Kinsey Institute.

All interviews were voice recorded and then transcribed either by myself or a transcription service. I then coded the transcripts using data analysis software (ATLAS.ti 6.2). I analyzed the transcripts using the framework developed by Rubin and Rubin (2004). According to this framework, in the first phase of data analysis, concepts and themes are identified from both the existing literature (deductive coding) and the researcher's own interview transcripts (inductive coding), and the transcripts are coded based on these themes and concepts. In the second phase of data analysis, the researcher looks for patterns and linkages within and between concepts and themes, and the researcher considers the broader implications of her findings (Rubin and Rubin 2004). I have included a list of my codes as Appendix 2. I have assigned pseudonyms to all of my interviewees. I have also edited quotations for readability by removing verbal fillers. All of my interviewees were provided with an early draft of this chapter and were invited to

⁷² IRB approval was granted before the beginning of the interviews. After I had already conducted some interviews in the Atlanta area, the AVEN project team approved guidelines for researchers who want to use AVEN materials in their research or post requests for research participants on the AVEN website. After the guidelines were instituted, I sought and obtained approval for my project from the AVEN project team (for information on the AVEN approval process, see <http://www.asexuality.org/en/index.php?/topic/61599-rules-for-researchers-and-students/>, last accessed 6/12/2012).

give feedback on the draft. Some of the feedback was incorporated into the revised version of this chapter.⁷³

Here I want to briefly address some of the methodological issues relevant to this research project. Although I have separated these issues into distinct categories, they are all, in some ways, overlapping.

The Problem of Experience: In this project, I use both feminist modernist and postmodernist approaches to my interview data, while acknowledging the potential incoherencies between the two approaches. Feminist modernist approaches have emphasized the importance of analyzing women's experiences and of developing theories based on those experiences (see Fontana 2013; Gavey 1989). This type of approach has been robustly critiqued by feminist postmodernists/poststructuralists (discussed below). My response to these critiques has not been to abandon this type of approach, but to acknowledge its limits and to emphasize the provisional nature of any conclusions drawn from this type of approach. When I analyze my interview data for evidence of the effects of compulsory sexuality on the narrativized experiences of my interviewees, I am using a feminist modernist approach to my data.

Feminist postmodernist or poststructuralist approaches to interviewing see the interview not as a transaction in which the interviewee, as the repository of knowledge, transmits data about the world to an unbiased interviewer. Rather, these approaches see

⁷³ Two interviewees responded but did not provide substantive feedback. One interviewee sent an update on a change in gender identity, one interviewee sent an update about a change in employment status as well as some substantive comments, one interviewee sent significant substantive comments.

the interview as an interactive event during which the interviewee and the interviewer co-construct a narrative that is fundamentally structured by language and by the discursive resources available to the participants (see Fontana 2013; Gavey 1989). According to this view, the researcher should not look to the interview as providing access to things (including experiences) beyond the interview; instead, researchers might approach interview transcripts as “texts” and read these texts “with a view to discerning discursive patterns of meaning, contradictions, and inconsistencies” (Gavey 1989, 467). When I analyze my interview data in order to understand how my interviewees have responded to compulsory sexuality and the ways in which these responses have been shaped by the discursive resources available to my interviewees, I am using a feminist poststructuralist approach to my interviews.

Power: Feminist researchers, in particular, have pointed out that the researcher/researched relationship involves power inequality. The researcher can exercise power by choosing the design of the research project, using her interpretative framework to analyze the interviewees’ statements and by representing her interviewees’ experiences in publications. Still, interviewees are not necessarily passive participants in this process; they too can actively work to shape the research project. Feminist researchers have employed different strategies to address the power imbalances in the research relationship and to avoid exploiting research participants for their own gain (see Fontana 2013; Kong, Mahoney, and Plummer 2013; Naples 2003; Gavey 1989). In this project, in almost all cases, my interviewees and I occupied a broadly similar socioeconomic location, which meant that I was able to avoid some of the problems that arise when the interviewer and the interviewee hold radically different levels of privilege outside of the research setting.

To partially address the power imbalances that arise from the research relationship itself, I have given interviewees the opportunity to review and provide feedback on publication drafts. In addition, I have attempted to give back to my interviewees through my research and publishing (which I hope will increase conversations about contemporary asexualities within the field of Women's Studies), through my teaching, and through non-academic visibility efforts (which have included writing blogs and organizing educational workshops about contemporary asexualities).

Positionality of the Researcher and the Research Subjects: I write briefly about my own positionality in the introduction; here I will just add that I have attempted to remain reflexive about the ways in which I shaped the interviews (the interview guide I used is included as Appendix 1), the analysis, and the presentation of my results (here I have tried to indicate exactly how many interviewees expressed a particular viewpoint or described a particular experience, and to consistently include dissenting viewpoints and idiosyncratic experiences).

It terms of the positionality of my interviewees; of course the fact that they were all members of AVEN had influenced their language and their interpretation of their own experiences. At times, they used similar phrases and concepts to explain themselves, many of which may have come from their participation in online asexual communities. In addition, they certainly had an agenda in participating in the interviews; they all wanted to increase the visibility of contemporary asexualities. It is possible that some interviewees may have engaged in outright deception, however discovering this was outside my abilities as a researcher. In any case, it was important for me during my

analysis to look for the ways in which my interviewees were consciously and unconsciously shaping their presentation of self during the interviews.

Demographic Information

Demographic information about the interviewees from the short questionnaire is provided in Table 1.⁷⁴ Seventy percent of interviewees identified as female, 23% as male. One interviewee identified as transgender and one as “other.” Interviewees ranged in age from 19 to 50. The average age of participants was 29. An overwhelming number of participants were single, only four were in current relationships. Five were divorced or separated from a previous long-term partner. None of the respondents had children. An overwhelming number of participants were White, only two identified as non-White in some way.⁷⁵ Sixty-one percent of respondents reported no current religious affiliation. Thirty-six percent of respondents reported no political affiliation, 29% identified as Democrats, and 18% identified as Independents. Respondents were well-educated: 66% had attained a Bachelor’s degree or higher, most of the remaining respondents were still in school. Sixteen (55%) of the respondents were (primarily) employed full-time, seven (24%) were (primarily) full-time students, two (7%) were (primarily) part-time students,

⁷⁴ Two respondents sent updated demographic information upon receipt of a draft of this chapter. One person who had previously identified as female later began to identify as a transgender man. One person found full-time employment. These updates are not included in this section, as the demographic information presented is accurate as of the time of the interview.

⁷⁵ More research needs to be done on the relationship between race and asexuality. At this point, it is unclear why online communities are so overwhelmingly White, although, as noted above, Ianna Hawkins Owen found that members of AVEN often dismissed black asexuals who posted looking for other black asexuals (Siggy 2013).

and four (14%) were (primarily) unemployed/looking for work.⁷⁶ Twelve (43%) of the interviewees reported individual income of less than \$20,000 per year (of these seven were full or part-time students). Five interviewees also reported household income of less than \$20,000 per year. Ten interviewees lived in households with annual incomes below \$45,000. Twelve lived in households with annual incomes between \$45,000 and \$100,000. Six lived in households with annual incomes above \$100,000.

Table 1: Demographic Information for Entire Sample (n=30)

Gender Identity (n=30)			
Female	21	70%	
Male	7	23%	
Transgender	1	3%	
Other	1	3%	
Age (n=29)			
Average	29		
Median	25		
Range	19-50		
Relationship Status (n=29)*			
Single	25	86%	Includes one person still living with ex-partner, includes five who were also “Separated, divorced, or dissolution of domestic partnership”
Dating, not living with a partner	3	10%	
Living with a partner	1	3%	
Married	0	0%	
Separated, divorced, or dissolution of domestic partnership	5	17%	
Children (n=30)			
Respondents with children	0	0%	
Race and Ethnicity (n=29)*			
White	27	93%	Includes one person who marked

⁷⁶ This information is missing for one interviewee. Interviewees had the option of selecting more than one choice here. I have assigned them to a “primary” category based on my own assessment of the transcripts.

			White and Asian
Asian	2	7%	Includes one person who marked White and Asian
Hispanic	1	3%	
Religious Affiliation (n=28)*			
No religious affiliation	17	61%	Includes one person who marked Protestant and No religious affiliation; Includes one person who marked No religious affiliation and wrote "atheist" in parenthesis next to it; Includes one person who wrote "raised Jewish, atheist"
Other	5	18%	Christian (2), Christian Existentialist (1), Interfaith Spirituality (1), pagan (1)
Catholic	3	11%	
Protestant	2	7%	Includes one person who marked Protestant and No religious affiliation
Buddhist	2	7%	
Political Affiliation (n=28)*			
No political affiliation	10	36%	
Democrat	8	29%	1 person selected Democrat and Independent
Independent	5	18%	1 person selected Democrat and Independent
Republican	3	11%	
Libertarian	1	4%	
Green	1	4%	
Other	1	4%	
Highest Degree Received (n=30)			
Less than high school diploma	0	0%	
High school diploma or equivalent	6	20%	All full or part time college students
Some college	1	3%	
Associate degree (e.g. AA, AS)	3	10%	
Bachelor's degree	13	43%	
Master's degree (e.g. MA, MBA)	6	20%	
Professional degree (e.g. MD, JD)	1	3%	
Doctorate degree	0	0%	
Employment Status (n=29)*			

Employed full-time	16	55%	Engineer (5), Administrative Position (3), Social Service Provider (2), Editor (1), Physician (1), Digital Animation (1), Reporter (1), Trade Analyst (1)
Employed part-time	2	7%	Full-time student (1), Part-time student (1)
Unemployed (looking for work)	4	14%	Recent college graduates (2), Disability (2)
Homemaker full-time	1	3%	Also marked part-time student, not employed (not looking for work)
Student full-time	7	24%	Undergraduate (6), PhD (1)
Student part-time	3	10%	Undergraduate (2), PhD (1)
Retired	0	0%	
Not employed (not looking for work)	1	3%	Also marked part-time student, homemaker full-time
Total Individual Yearly Income (n=28)			
Under \$20,000	12	43%	Includes 7 full or part time students (11 female, 1 transgender)
\$20,000 to under \$45,000	6	21%	(1 male, 5 female)
\$45,000 to under \$75,000	5	18%	(2 male, 3 female)
\$75,000 to under \$100,000	2	7%	(1 male, 1 female)
\$100,000 to under \$150,000	3	11%	(2 male, 1 female)
\$150,000 or above	0	0%	
Total Household Yearly Income (n=28)			
Under \$20,000	5	18%	
\$20,000 to under \$45,000	5	18%	
\$45,000 to under \$75,000	8	29%	
\$75,000 to under \$100,000	4	14%	
\$100,000 to under \$150,000	5	18%	
\$150,000 or above	1	4%	

*Respondents could select more than one answer.

Based on my analysis of the transcripts, I also have also collected information about the sexual identity, romantic orientation, and partner gender preference of my interviewees, which is provided in Table 2.⁷⁷ Ninety percent of my interviews identified

⁷⁷ I did not ask about this information in my demographic questionnaire. If I could go back in time, for simplicity's sake, I would ask for this information directly in the questionnaire. Rather, I

as asexual. Most of my interviewees identified as romantic (63%) or demi-romantic (17%). Seventeen percent of respondents identified as aromantic. Of those who identified as romantic or demi-romantic, 48% identified as heteroromantic, 12% as homoromantic, and 36% as bi/panromantic.⁷⁸

Table 2: Identity Information for Entire Sample (n=30)

Sexual Identity (n=30)		
Asexual	27	90%
Grey-asexual/Gray-asexual	1	3%
Demisexual	2	7%
Other	0	0%
Romantic Identity (n=30)		
Romantic	19	63%
Aromantic	5	17%
Demiromantic	5	17%
Other	1	3%
Partner Gender Preference (n=30)		
Hetero-romantic	12	40%
Homo-romantic	3	10%
Bi/Pan-romantic	9	30%
Not applicable (i.e. aromantic)	5	17%
Other	1	3%

have gleaned this information from the transcripts. In most cases, the interviewee stated his or her sexual identification and romantic orientation explicitly and described his or her sexual history. In a few cases, the interviewee did not state the information explicitly, but I felt confident placing this person in a particular category (i.e. if he or she did not say “I identify as a pan-romantic asexual” but instead said, “I identify as an asexual person and I am interested in romantic relationships with men, women, and/or genderqueer people”).

⁷⁸ AVEN defines as *demisexual* someone who may develop sexual feelings within a longer-term relationship. Similarly, AVEN defines as *demiromantic* someone who may develop romantic feelings within a longer-term relationship. AVEN uses the term *Gray A* or *Grey A* to refer to people who consider themselves to fall in the gray area between full-blown sexuality and full-blown asexuality.

Most of my interviews reported kissing, hugging, or cuddling with a non-family member at some point during their lives. Thirteen interviewees (46%, n=28, two unknown) reported that they had engaged in some type of genital sexual activity with another person (whether manual or oral stimulation or vaginal or anal intercourse) at some point during their lives, while 15 reported that they had not engaged in any genital sexual activity with another person (54%, n=28, two unknown). Eleven interviewees reported that they did masturbate, three did not, and 16 did not report whether or not they masturbated.⁷⁹

My interviewees varied in terms of their level of participation in online and in-person asexual communities. Two interviewees were AVEN administrators. Five could be described as very active in online and/or in-person communities, 15 as somewhat active, and eight as not very active.⁸⁰ Thirteen interviewees had met other asexual-identified individuals in-person through local asexual meet-ups. At least five interviewees had met asexual-identified individuals through other avenues.

⁷⁹ Again, this is something that I should have included in my questionnaire. I had assumed I would obtain this information during the interviews, but I found that both my interviewees and I were somewhat uncomfortable talking about this.

⁸⁰ I categorized interviewees as active if they reported visiting the site often (i.e. daily or weekly) and posting on the site often; somewhat active if they reported visiting the site often and posting occasionally (i.e. monthly) or visiting and posting occasionally; or not very active if they visited occasionally and posted rarely (i.e. one or two posts in total) or if they visited and posted rarely. This is my own categorization, based on the transcripts.

The demographics of my sample do not necessarily reflect the demographics of the international online asexual community. In 2011, the Asexual Awareness Week team conducted an internet survey of asexual communities (n=3430).⁸¹ My sample was significantly older than the online sample (only about half of my interviewees were 25 or younger compared to 76% of the online respondents).⁸² There were proportionally more men in my sample than in the online sample (the ratio of women to men in my sample was three to one compared to five to one in the online sample). In addition, a smaller proportion of people identified as “other” in terms of gender identity in my sample than in the online sample (six percent compared to 23%).⁸³ Religious affiliation was similar between the two samples: in the online sample, 64% of respondents identified as atheist, agnostic, or nonreligious (compared to 61% in my sample), and 22% of respondents identified as Catholic, Christian, Eastern Orthodox, Protestant, or non-denominational (compared to 32% in my sample). My sample was better educated than the online sample, but I believe this is because my sample was older than the online sample.⁸⁴ The online

⁸¹ Available online at <http://www.asexualawarenessweek.com/census/SiggyAnalysis-AAWCensus.pdf> (last accessed 6/14/2012). Unlike my sample, this survey was not restricted by age or country of residency.

⁸² This is likely due to the fact that my project was limited to people 18 years of age or older.

⁸³ I cannot say whether this was because people are more likely to identify as “other” in an online interaction as opposed to a face-to-face interaction or whether people who identify as “other” were less likely to participate in my project. I can say that a number of my interviewees said during the interview that they did not feel particularly attached to their gender identity.

⁸⁴ 18.6% of the online sample was still in high school (compared to 0% of my sample). 40.2% of the online sample was still in college/university (compared to 28% of my sample). 13.8% of the

survey did not ask about children, political affiliation, employment status, or income. The online survey did ask about race and ethnicity, but the question was a write-in one and analysis was deemed “infeasible.”

My sample included more asexual-identified individuals (90% compared to 56%) and less gray-asexual individuals (three percent compared to 21%) and demisexual individuals (seven percent compared to 21%). In the online sample, romantic identity was as follows: heteroromantic: 22%, homoromantic or bi/panromantic: 28%, aromantic: 16%, other: 34%.⁸⁵ This breakdown was similar to the breakdown of my sample, although not exactly comparable.⁸⁶ In terms of sexual activity, in the online community, the answers to a question about sexual activity were as follows: virgin: 70%, not a virgin, but currently inactive: 11%, sexually active: seven percent, other: 13%. I cannot compare this directly to my sample because I asked my respondents to share their sexual history, but I did not ask whether people considered themselves to be virgins or non-virgins.⁸⁷

online sample had graduated from college/university (in my sample, 43% of people had a Bachelor’s and 10% had an Associate’s degree). 3.7% of the online sample had a Master’s or Post-Graduate Degree (compared to 20% in my sample) and 1.1% of the online sample had a Ph.D., M.D., or other Doctoral level degree (compared to 3% of my sample).

⁸⁵ The other category includes: androgynoromantic, other monoromantic, my romantic orientation is fluid, there is no difference between romantic and non-romantic attraction to me, I am demiromantic, I am gray-romantic, I am unsure at this time, other (write in).

⁸⁶ The numbers are not comparable because it made more sense to me to separate out romantic orientation and partner gender preference, as someone could be both demiromantic and panromantic, for example.

⁸⁷ This is probably the result of my own prejudices against the term *virgin*.

Analysis

In my analysis, I focus on the impact of compulsory sexuality on the narrativized experiences of self-identified asexual individuals and on the responses of self-identified asexual individuals to compulsory sexuality. Before turning to these topics, however, I briefly explore a few issues related to the definition of asexuality, as the definition of asexuality has been a point of interest within the existing scholarship on asexuality. I then offer a brief overview of some of the common patterns I observed in the life histories of my interviewees. I then spend the remainder of the chapter examining issues related to compulsory sexuality.

A. Definitions

As noted above, AVEN defines an asexual person as “someone who does not experience sexual attraction.” AVEN offers two (possibly although not necessarily contradictory) understandings of asexuality as, first, an intrinsic sexual orientation and, second, a potentially useful and/or convenient label for understanding the self and explaining the self to others. AVEN also maintains a tripartite distinction between sex drive or libido (or sometimes sexual desire), sexual attraction, and romantic attraction.⁸⁸

⁸⁸ It took me quite some time to figure out how these terms are being used by AVEN. As far as I can tell, the tripartite distinction between sex drive or libido, sexual attraction, and romantic attraction used by AVEN is idiosyncratic to the community. It does not correspond exactly to any scientific model – for example, it does not correspond exactly to either the tripartite model of lust, romantic attraction, and attachment proposed by Helen Fisher (Fisher et al. 2002) or to the bipartite model of sexual attraction and romantic attraction proposed by Lisa Diamond (Diamond 2003). It also does not appear to correspond to the colloquial use of these terms, at least in the

AVEN uses the terms *sex drive* and *libido* (and occasionally *sexual desire*) interchangeably to describe a feeling of sexual arousal or sexual craving that is not directed at any particular object or aim.⁸⁹ AVEN also uses the terms *sex drive* and *libido* to describe the urge to masturbate. AVEN uses the term *sexual attraction* to describe a desire or motivation to engage in sexual activity with a specific person. Finally, AVEN uses the term *romantic attraction* to describe a desire to form non-sexual romantic relationships with other people. According to AVEN, asexual people experience little or no sexual attraction; asexuals may or may not experience libido and may or may not feel romantic attraction. AVEN does not offer a definition of the term *sexual activity* but this term is generally used by members of the community to refer to partnered activity involving some kind of genital contact.⁹⁰

In general, almost all of my respondents felt that the definition of asexuality offered by AVEN (experiencing little or no sexual attraction) was accurate and communicated some truth about their own sense of themselves (which was expected given that they had all chosen to become members of AVEN and adopt an asexual

United States, where sexual desire is probably used to mean both what AVEN means by sex drive and libido and what AVEN means by sexual attraction.

⁸⁹ For Freud, sex drive and libido are possibly distinct (libido is the psychic representation of the sex drive). In Freud's work, sex drive and libido do start out as undirected, in terms of both object and aim, and the object and aim develop over time as a result of the individual's life history (Laplanche and Pontalis 1973; Davidson 2001).

⁹⁰ When I describe definitions as the "official AVEN definitions," it is because these definitions either appear as static content on the AVEN website, and/or they have been communicated to me as the "official AVEN" definitions by current or former AVEN administrators.

identity). The majority also described themselves as experiencing no sexual desire, not having a libido, and/or not having a sex drive (often these words were used interchangeably; sometimes they were also used interchangeably with the term *sexual attraction*). Some, but not the majority, mentioned the distinction between *sex drive* or *libido* and *sexual attraction*: a few said they had heard about the distinction on AVEN, but did not really understand it; a few said that they were aware that other asexuals could experience libido without experiencing sexual attraction; and a few used the language of *sex drive* or *libido* to describe their own urge to masturbate. Two of the AVEN administrators that I interviewed suggested that the term *asexuality* was developed to compliment the terms *heterosexuality*, *homosexuality*, and *bisexuality*, and thus should be understood as “an absence of sexual attraction to any gender,” and not as the opposite of hypersexuality. This view, however, was not held by any of my other respondents.⁹¹ Many explicitly stated that asexuality falls on a continuum of sexual interest, with hypersexuality at one end and asexuality at the other end. Those who did not explicitly describe asexuality using this language still talked about it in a way that suggests that they held this later model of asexuality. In this case, AVEN’s official stance (as relayed to me by the administrators) was apparently not taken up by some members of the community, perhaps because the meaning of “not experiencing sexual attraction to any gender” is difficult to understand.

⁹¹ Upon receiving a draft of this chapter, one interviewee responded with the following: “I often describe asexuality as the ‘fourth’ sexuality, there already being ‘one’, ‘the other’, and ‘both’, and now asexuality as ‘neither’. So I would agree with the AVEN admins.”

Thus, the definition of asexuality as “experiencing little or no sexual attraction” is largely accurate for my respondents, but for most of them, it does not provide a very complete picture of their particular way of being in the world. To use Rosemary Basson’s language, it is true that most of my respondents reported that they did not experience “spontaneous desire” (a craving for sex with others that arises spontaneously). They also reported that they did not experience “responsive desire” (a craving for sex that arises after deciding to engage in sex with a partner for non-sexual reasons) (Basson 2000). Yet, for the overwhelming majority of my participants, it was not simply that they did not experience sexual attraction (or desire as defined by Basson), but described a positive preference, all else being equal, for not engaging in sexual activity with other people. It is important to note that there were one or two exceptions among my interviewees (i.e. one interviewee who identified as an aromatic asexual said that she would be interested in experimenting with sex because she was curious about whether she would derive pleasure from it, but that she hadn’t yet met someone with whom she would feel comfortable experimenting). It is also important to note that this positive preference, all else being equal, for not engaging in sexual activity is not necessarily held by all members of the AVEN community as a whole.⁹²

⁹² AVEN uses the language of “indifferent” and “repulsed” to characterize people’s attitudes towards sex. Some of my respondents used this language themselves and I asked many of my interviewees directly whether they considered themselves indifferent or repulsed/averse. Some respondents described themselves as both, many as averse/repulsed, and some as indifferent. However, a few of those who described themselves as indifferent, not averse/repulsed, seemed to be using the term to indicate that they were “sex-positive” in a general sense, but may still have had negative feelings about engaging in sexual activities themselves. Dona, an interviewee in her

B. Life History Patterns

In his study, Carrigan (2011) found that many of his respondents presented a similar life story, which closely followed the coming out narrative described by many GLBTQ individuals (first engaging in self-questioning as a result of feeling different from others, then considering a pathological explanation for this feeling of difference, later discovering the asexual community, and, finally, adopting a self-affirming asexual identity) (Carrigan 2011). This was largely true for many of my respondents as well. I would describe the common elements of their coming out narrative as follows: one, recognition of some kind of question about the self to be answered (generally, “why am I not interested in having sex with other people?”); two, questioning the self and considering various answers to this question (while some considered a pathological explanation, this was not universal); three, finding the term asexuality and the online asexual community, which generally brought some sense of relief (“I am not the only

30s who had identified as non-sexual or asexual for years, had an explanation for why some asexuals might be hesitant to describe themselves as repulsed or averse. She said, “I think there are a lot more people who would probably [be] more averse than just like sort of neutral, but I think sometimes people are afraid to say that they're averse to it 'cause it almost sounds like a negative...And I think some people are sort of afraid to admit that they might be averse because they don't want to make it seem like they're being judgmental of those who do want sex.” In general, I found the indifferent/repulsed distinction to be less helpful in understanding my respondents than what they said about their feelings towards sex, their experiences of sex in the past, their willingness or unwillingness to engage in sex in the future, and, if they were willing to engage in sex in the future, the reasons that they would be willing to do so and the conditions that would need to be in place for them to be willing to do so.

person like this”); and, four, adopting an asexual identity as a way of answering the initial question, both for the self and (in some cases) for others. The similarity of this broad pattern across respondents may reflect the extent to which my interviewees had adopted similar language and similar ways of understanding and organizing their life histories through their participation in AVEN and other online asexual communities.

Yet, within this broadly similar pattern, there was a significant amount of diversity. Respondents differed significantly in their reported relationship and sexual history (both before and after adopting an asexual identity), in the reported age at which they began self-questioning (ranging from those who reportedly began questioning in middle school to those who began questioning in their late 20s), in the reported level of distress they experienced during their self-questioning phase, in the reported extent to which they began to participate in asexual communities after finding these communities, in the reported extent to which they were open about their asexuality to others, in the reported types of sexual activities they were willing to engage in, and in the reported types of relationships they were looking for in the future.

C. The Effects of Compulsory Sexuality on Self-Identified Asexual Individuals

In this section, I explore the effects of compulsory sexuality on the lives of my interviewees. Examining the narrativized experiences of self-identified asexual individuals provides insight into compulsory sexuality because by taking on an asexual identity label and by expressing their disinterest in sex to others, self-identified asexual individuals provoke responses which reveal some of the assumptions about sexuality held by those around them. On the basis of my analysis of the interview transcripts, I identified the influence of compulsory sexuality on the lives of my interviewees in four

commonly reported experiences: reported experiences of pathologization, reported experiences of isolation, reported experiences of unwanted sex and relationship conflict, and experiences in which my interviewees were reportedly denied epistemic authority.

It is important to emphasize again that my interviewees were not simply offering unmediated access to objective experiences; rather, they had consciously and unconsciously constructed those experiences while they were occurring and then they reconstructed those experiences in the retelling of them during the interview itself. Thus, while I believe that the narratives of self-identified asexual individuals do provide evidence of contemporary sexual norms, this evidence must be confirmed by other sources of evidence, an issue I will address later.

Experiences of Pathologization: As described in Chapter 2, at least since the late nineteenth century, some scientists and medical professionals have identified low sexual desire as a pathological condition. For example, in the late nineteenth century, sexologist Krafft-Ebing's diagnostic category for low sexual desire was "sexual anesthesia" (Oosterhuis 2000). In the 1920s and 1930s, some psychotherapists applied the diagnostic category of "frigidity" to women who experienced low levels of sexual interest (Gerhard 2000). In the 1970s, sex therapists developed the diagnostic categories of "Inhibited Sexual Desire" (ISD) and "Hypoactive Sexual Desire" (HSD) to describe women and men with little or no sexual desire (Irvine 2005). These diagnostic categories were quickly incorporated into the third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III) (Irvine 2005). In the past fifteen years, pharmaceutical companies, doctors, and researchers have worked together to define female HSDD as a

biologically-based desire disorder amenable to treatment through medication (Fishman 2004).

Around half of my interviewees reported experiences of pathologization, although not always by medical or mental health professionals. For example, according to some interviewees, when they came out as asexual to family, friends, or acquaintances, their confidants often offered them medical or psychological explanations for their asexuality, and some even tried to convince them to seek medical or psychological treatment. For example, according to one interviewee, her (then) boyfriend, who was a psychology major, told her that low sexual desire is a disorder in the *DSM* and that she should seek treatment for HSDD from a medical professional. According to another interviewee, her parents pressured her to see a doctor. She reported, “[at first] they thought that like it was a phase or something, so they didn’t have too much to say about it. But the longer I went that way, the more worried they got. Like they used to keep telling me to go to a doctor and tell them what I’m feeling and then see if they have a pill that can cure me.”

Two additional interviewees expected to be pathologized if they revealed their asexuality. They did not want to come out to their parents because they believed their parents would pressure them to see a doctor. Phillip, 27, said, “But I think if I told [my parents], then it would be this whole thing of like, they would be like something's wrong. You need to go to a doctor. He'll fix you.”

Around one-third of my interviewees (7, n=29) reported that they were led by a number of factors (especially relationship difficulties) to consult a medical or mental health professional in an effort to find an explanation for their asexuality and/or in an

effort to increase their level of interest in sex.⁹³ One interviewee reported a positive experience—she enjoyed seeing her therapist, but decided to stop the therapy because she didn't think it was going to affect her interest in sex and because she had decided to break up with her partner. Four interviewees reported relatively neutral experiences—in these cases, the medical professionals they consulted were unable to find a biological or psychological explanation for their asexuality and they decided to stop pursuing the issue. Two interviewees described very negative experiences with the mental health professionals they consulted. Hillary, a white woman in her 30s, described visiting a number of therapists with her (then) husband. Of these visits, she said,

We ended up going through three different intakes for various reasons. So it was a lot of trying to explain my orientation. And all of them basically thought there was something wrong with me. The last one... eventually agreed that it was possible that I was asexual, but again, I don't really think she truly believed it. I think she thought I was a repressed lesbian. Or sexually repressed something.

Lorri, a recent college grad, described her negative experience with therapists as follows: “It wasn't just one therapist; I went to like three. And they didn't last long. It was pretty much the same verdict: ‘go have sex and you'll like it. You don't know yet; you're silly.’”

In total, more than half of my interviewees reporting either experiencing pathologization directly or concealing their asexuality out of fear of pathologization.

⁹³ Other interviewees mentioned their sexuality to medical or mental health professionals without the intent of seeking a medical or psychological explanation or treatment for their asexuality. The reactions ranged from positive/supportive, to neutral, to negative.

Interestingly, many of these reported experiences of pathologization occurred in non-medical contexts—many interviewees reported encountering psychological and medical language about sexual dysfunction in interactions with family members, friends, or acquaintances. This suggests that certain psychological and medical views of sexual disinterest have permeated mainstream society, even if these views are not held by all or even most therapists or doctors. In addition, this suggests that even if individuals who identify as asexual avoid consulting medical or mental health professionals, they may still encounter psychological and medical language about sexual dysfunction in non-medical contexts.

Experiences of Isolation: A number of my interviews reported occasionally feeling isolated or alienated from mainstream society as a result of their disinterest in sex.⁹⁴ For example, Hannah talked about avoiding restaurants, bars, and clubs in order to avoid feeling isolated: “I think that a lot of social activities are like that, a lot of people think the goal is to hook up, that the whole goal is to take some chick back with you or meet your wife at a bar or something. So I sort of don’t want to participate in these sort of things because I feel like everybody in there is sort of, even if they’re not aware of it, they may be involuntarily looking for that.” Anne, a current undergraduate majoring in psychology, described feeling isolated during a classroom discussion about sex: “It’s sort

⁹⁴ A number of my interviewees reported feeling isolated, especially as children, but not necessarily for reasons related to sexuality. More than a third of my interviewees described themselves as loners, shy, socially awkward and/or nerdy or geeky as children. I can’t say whether this was related to their asexuality (either as a cause or an effect) or whether it was related to the fact that all of my interviewees were members of an online community.

of a lonely feeling too, I remember one time, I was in my classroom and something sexual came up, and everyone was like laughing and so forth, and I was kind of like ‘Ha-ha-ha, I don't really get it’, you know?” Several interviewees described feeling left out when their friends talked about sex. For example, Phillip said: “like one of the circles of friends that I mentioned, that happened to be a discussion topic. They would talk about relationships and sex and random things around that like every time they met. It was kind of odd for me to just sit there and twiddle my thumbs and not have anything to add.”

Lilly, 19, described a similar experience, stating:

It would be things like in high school and middle school, when there would be a sleepover and people would be like, ‘Let’s play truth or dare.’ And almost all the questions are like, ‘Oh, who do you like? Have you ever kissed a guy? Have you ever done this? What about so and so? Would you go out with so and so? Do you think this person is hot? Who do you think is hot? Who do you have a crush on?’ And I’d just be sitting there, like, ‘I don’t have a crush on anyone.’ ...And usually they’re like, ‘Oh, you’re boring.’

A number of interviewees described feeling isolated as a result of the overwhelming sexualization of the media. Mark, 25, said, “And now there’s sex everywhere. Now with the advent of technology, people can text video, post videos online at an alarming rate. Also, sex sells on television, commercials, television shows. Some shows I've watched, every single person in the show is hot...It’s just—I feel like it’s everywhere.” A number of interviewees also mentioned feeling isolated because of a lack of representation of asexuality in the media. Lilly said,

And so definitely the main thing that we face is erasure...the number of [asexual]

characters in books and movies and TV who openly identify as asexual is two...And when you notice there are characters who maybe could be asexual...there's always an excuse for it, like they're an alien, they're a sociopath, they had bad relationships in the past, they're afraid of women, they're married to their work...Or if somebody doesn't have a relationship, they're always looking for one...when you're asexual, it's hard to figure stuff out just because there's no examples.

A small number of interviewees described being teased, bullied, or picked on while they were growing up in part as a result of their disinterest in sex. For example, Sharon, age 49, was bullied as a child, which she attributed to her weight, to her social awkwardness, and to her lack of interest in dating or sex. She said,

I know my general social awkwardness, especially then, was a big part of what made me a target for them, but I also think that the asexuality played a significant part as well. I didn't react to those boys the way they wanted me to. I had no sexual interest in them, and didn't know how to fake it. They were probably mostly normal adolescent boys, so sex was surely on their minds a lot. The social awkwardness meant that I didn't know how to either fake interest or distract from my unusual reactions.

In general, many respondents (especially if they identified as aromantic or heteroromantic) felt that they did not face the same level of discrimination or marginalization as LGBT individuals. However, most respondents did describe feeling occasionally isolated, excluded, or marginalized by a very sexual culture.

Unwanted Sex and Relationship Difficulties: Compulsory sexuality also seems to have played a negative role in the intimate lives of many of my interviewees. A number of interviewees described feeling pressure to engage in sexual activity in a relationship. Ten interviewees (all female) described engaging in consensual but unwanted sexual activity as a result of both social pressure and individual pressure from a partner.⁹⁵ Explaining why she had engaged in what she considered consensual but unwanted sexual activity, Marcie, 19, said the following:

there's not a lot of visibility for asexuality so when you're young and you don't really know that that's a genuine orientation that you can embrace, like you're just in these situations and you like the other person but you just don't want to do anything more. But you have all of society telling you, 'You should want to be doing these things and if you don't then it means that you don't really want to be in the relationship.' So, it tended to get a little sexual but I was always trying to avoid that....

Christine, 21, described the following experience:

Yeah, I did kind of feel like I had to. The guy I lost my virginity to, I had been in a relationship with him for about a year and I guess I just felt like, well, you know, I need to do this...So I tried it and I was like, 'Yeah, okay, I mean, no.' It

⁹⁵ Five interviewees (four female, one transgender) described nonconsensual activity or instances of sexual assault. In two of these cases, the reported nonconsensual sexual activity occurred within the context of a longer-term relationship. Cindy, mid-20s, was forced to give a "hand-job" to a young man she had gone out with a few times. Lindsay, 22, was involved in an emotionally and sexually abusive relationship with a young man for eight months during her first year of college.

just was—I'm a very small person and so it hurt. And on top of that, I just—it was—I could tell it was more something that he was into and I wasn't really into it at all...And everybody was like, 'Oh, you were raped and that's awful.' And like yeah, I guess. I should have said no. I could have said no, but I didn't. I thought that this is what everybody did in their free time, and so I was trying to be like everybody else.

Beyond creating pressure to engage in unwanted sexual intercourse (both directly through social pressure and indirectly through shaping the expectations of partners), compulsory sexuality may have contributed in general to the difficulties my interviewees reported in maintaining romantic/companionate relationships with sexual partners. A few of my interviewees talked about the fact that before they had found the label asexual, they didn't know how to communicate their wants and needs, which made negotiation within a relationship difficult. Clare, a woman in her late 20s, described the difficulties she had in negotiating sexual issues: "I'm not really like even opposed to it—like I think I could do a long term relationship with someone if they understood that I was just not going to be into it as much, but like I didn't know that at the time. So it was very hard to communicate." Sarah, a college student, echoed Clare's reported experience: "I had a lot of like confusion...And so there was a lot of me that was sort of angry at him for not understanding—or for like not figuring out that I didn't really want to have sex even though like I never told him that...And that was really difficult to deal with because I didn't have any context for what that might mean or what I was supposed to do about it or anything." A few of my interviewees also talked about the fact that their partners had certain (socially influenced) expectations about sex and relationships that made

negotiating the sexual aspects of their relationships more difficult. Kerry, a recent medical school graduate, said:

Even trying to like kind of negotiate that kind of thing, it's like your partner knows that you're not as into it as you should be or a sexual person would be...But it definitely was really hard and it caused a lot of problems...It's hurtful to the other person too, I was thinking you can't not be hurt by that because they don't understand that it's not that I'm not attracted to you. It's just in general this is not something that I get at all.

Finally, compulsory sexuality may have had negative effects on the ability of my interviewees to maintain long-term friendships. A few interviewees talked about their sense that their friends sometimes prioritized sexual relationships with others over their friendships. Sarah described her sense of this as follows:

I feel like a lot of sexual people, they're like, 'Oh, you're my friend,' but then like maybe they start dating someone else and they lose contact with a lot of their friends. Like a lot of people become really invested in their sexual relationships. And then they're like, 'Oh,' and your commitment with them sort of vanishes—this happened to me once. It was really hard because I had all this commitment toward the friendship and then the friendship just sort of evaporated on me.

Phillip reported a similar experience: “A lot of my other friends, I think I've been in at least two other groups of friends that are together for a little while, they just happen to all be single and they hang out with each other and then like, poof. One, they all paired off and disappeared. And the other, the mastermind got a boyfriend and disappeared. So things don't happen anymore.” Chris offered another example of this phenomenon: “I'm

also at this point having a lot of very successful, awesome, intimate relationships, but also running up against that barrier, where I'll be really good friends with someone, but I have to step aside whenever they get in a romantic relationship in a way that no one's ever stepped aside because of a relationship I have with anyone. And that's really striking to me."

Denial of Epistemic Authority: Finally, compulsory sexuality may have impacted my interviewees by creating the conditions in which they were routinely denied epistemic authority in regards to their own (a)sexuality. In other words, according to many of my interviewees, they were frequently met with the reaction that they couldn't really know that they were asexual—they were told that they could be late bloomers, or that maybe they hadn't met the right person yet, or that maybe they were unconsciously repressing their sexual desires. About this Hannah said, "they insist that you essentially are not mentally competent to make your own decisions about yourself, which is really insulting to imply. You've met them for five minutes and they automatically know that you can't make decisions by yourself. Like that's really rude." This was a response that my interviewees reported encountering even in LGB communities. Eleanor, 50, said,

Nobody will just say, 'Cool, you're asexual.' They'll try and convince me, even my best friend said, 'You just haven't met the right woman yet. You wait, you'll meet the right woman and you'll be in bed with her.'...And that's the most frustrating...this sense that you couldn't possibly be asexual, it is not possible, is very frustrating to me...Even among gays and lesbians, that's the one that always freaks me out, that gay and lesbian people can't understand since they have a

unique sexuality. But I guess they feel like everyone should have a sex, want to have sex, be attracted sexually to people.

Analysis of the Effects of Compulsory Sexuality on Self-Identified Asexual

Individuals: This analysis suggests that compulsory sexuality does negatively impact individuals who do not or cannot meet societal expectations about what counts as a so-called normal level of interest in sex. As I mentioned above, the reports of my interviewees cannot be taken as absolute proof of the ubiquity of compulsory sexuality, but rather as one piece of evidence for the ways in which compulsory sexuality operates. Their reports are in some ways corroborated by other evidence; for example, their descriptions of experiences of pathologization accord with my analysis of medical approaches to sexual disinterest in Chapter 2, and their descriptions of encountering stigma within LGB communities accords with my analysis of pro-sex trends within feminist and LGBTQ scholarship and activism in Chapter 3. In addition, their reports of feeling pressure (from society and from partners) to engage in sexual activity accords with the findings of other scholars that women may feel pressure to engage in sexual activity in the context of a heterosexual relationship as a result of the “permissive sexuality” discourse and the “male sexual needs” discourse (see Gavey 2005).⁹⁶

D. Responses to Compulsory Sexuality

⁹⁶ These two terms (“permissive sexuality” and “male sexual needs”) were coined by (Hollway 1984). Gavey describes these two discourses as offering women “the respective possible subject positions of a ‘sexually liberated’ woman for whom sex is ‘no big deal’ and a woman who is responsive to and takes responsibility for male ‘needs’” (Gavey 1989, 468–470).

In my analysis of the interview transcripts, I identified a number of ways in which my interviewees worked to resist compulsory sexuality; some of these ways were entirely conscious, others I suspect less conscious. I will first describe these strategies before evaluating them more critically. Here I discuss five strategies my interviewees used to respond to compulsory sexuality: adopting a language of difference and capacity to describe asexuality; describing asexuality as an innate orientation or as a sexual identity; deemphasizing the importance of sexuality (de-sexualization); developing new types of relationships; and engaging in community building and outreach.

Using the Language of Difference and Capacity: Many of my interviewees specifically rejected the description of asexuality as a pathological condition. Around two-thirds of my interviewees (22, n=29) had never consulted a medical or mental health professional about their lack of interest in sex with the intent of seeking a biological or psychological explanation or treatment for their condition (some did mention it to a medical or mental health professional without the intent of seeking an explanation or treatment). The explanation offered by Hannah for not consulting a medical or mental health professional is typical: “So I never felt like I needed to talk to someone about it, you know? I never felt like I needed to seek out mental health professionals or anything like that. You know, it wasn’t bothering me. I wasn’t feeling depressed or suicidal or anything like that, so I didn’t feel like I needed one. It’s not something that I wanted to cure or anything like that.” As noted above, around one-third of my interviewees had consulted a medical or mental health professional at some point about their disinterest in sex, but most went on to eventually reject the language of pathology.

Instead, many of my interviewees talked about asexuality as simply a different way of being in the world. In this, they echoed the language used by many transgender and disability rights scholars and activists. Akiko, 37, explicitly compared asexuality to other disabilities:

Yes, I admit I'm abnormal as a human and yes as an animal...but there are so many, so many people who don't have eyesight, hearing, or some IQ, I'm sorry. And one of my nephews was born with very, very fragile bones. So he can't be hugged by everyone because of his bones. But just like that, there are so many disabilities and disorders and people accept that...We [people who identify as asexual] don't do any harm. We are just not interested in other people [sexually].

One of my interviewees, who was involved with AVEN early on, talked explicitly about how he adopted language and ways of thinking from queer and trans activists. He said, "I finally kind of came to the conclusion that [asexuality] was like a sexual orientation, that there wasn't a problem with the way that I was, that this didn't need to be intrinsically limiting to my life."

A number of my interviewees talked about how their particular way of being in the world had enabled them to develop certain capacities. Alana felt her asexuality had enabled her to explore non-traditional types of relationships, stating, "I really look at asexuality as not a negative thing, not being like I don't like sex, but really more of embracing other types of relationships like romantic friendships and things like that, so I see it more as freedom from a restricted type of relationship." Some interviewees felt that because of their asexuality, they were less likely to simply accept societal norms about sexuality and relationships. Sarah said:

A lot of people just sort of walk through their life and accept all of the norms. Like they get married; they have kids, because that's what they're supposed to do... And like that's probably what I would have done had I never found asexuality, right. But being forced to reevaluate all that is a very interesting process. And I think it opens a lot of doors to new things that you would never have considered otherwise.

Lilly expressed a similar sentiment, stating: "when you're asexual I feel like there is more freedom to reanalyze your relationships and break down a lot of assumptions. Like does your primary relationship have to be sexual? Or could you have a sexual relationship, but still have a primary relationship that might be more platonic or more affectionate? So that's kind of the breaking down of traditional relationship structures." Other interviewees felt that because of their sense of being different and because of their participation in asexual communities, they had become more accepting of sexual and gender diversity. Allison said:

I think that we can be really good allies. Like I find that because I'm not having sex, maybe I'm a little bit more open to other things because when you look at asexuals, I think we have a wider variety of different kinds of associations, like gender fluid, gender queer, all these other labels that I don't think I run into on a daily basis with people who maybe aren't asexual..I think that we can help show that there's some kind of in between, show people that, hey, there are lots of different kinds of people out there.

Some interviewees felt that their own sense of being different had made them more accepting of difference in general. For example, Sharon said, "You know, it's an exercise

of the imagination to try to relate to their feelings in certain things. So in that sense, I think [asexuality] makes [relating to people] harder, but on the plus side I think it makes me more accepting of difference and people's feelings." In rejecting the language of dysfunction and in replacing it with a language of difference and capacity, my interviewees challenged the idea that a lack of sexual attraction or sexual activity is inherently limiting.

Importantly, while my interviewees rejected the language of dysfunction to describe their own ways of being in the world, most did not reject medical and psychological approaches to sexual disinterest entirely. According to my interviewees, individuals who are distressed by their level of interest in sex should be able to take on a diagnostic label like Hypoactive Sexual Desire Disorder (HSDD) and seek treatment for HSDD if they so desire. One interviewee's comments on this issue are fairly representative: "I'm totally happy with myself the way I am now, but I could see if someone was upset about it and wished that they had more of a drive, then I would say let them take the medication if they want to. If it would help them, then that's great..." At least implicitly, my interviewees accepted the possibility that the availability of medical approaches to sexual disinterest might prevent people from coming to identify as asexual. Some explicitly acknowledged and accepted the fact that the availability of medical approaches to sexual disinterest might lead people who had previously identified as asexual to give up that label and leave the asexual community.

A few of my interviewees went even further than accepting movement between the labels of HSDD and asexuality, actually allowing for people to claim both labels simultaneously. Four of my interviewees said that although they identified as asexual,

they would consider using a medical intervention in the future to increase their level of sexual interest, if an effective intervention were to be developed. These interviewees did not see this interest as necessarily in conflict with their identity as asexual. As one interviewee stated, “It’s kind of like where if you identify as a lesbian but if you date a guy, then it’s like, ‘Oh, you’re not a real lesbian.’ Well, that’s bullshit because I’m still me—behaviors and identity are not ever congruent—they’re not ever 100% congruent.” This interviewee, in particular, expressed the idea that even if she actively worked to increase her level of sexual desire, she could still identify as asexual and participate in asexual communities if doing so continued to feel appropriate to her.

Asexuality as Orientation/Identity or Label: To a certain extent, my interviewees responded to compulsory sexuality by describing asexuality as a sexual orientation, sometimes using essentialist language, sometimes not. According to Scherrer, in her study, many of her respondents talked about asexuality as an intrinsic sexual orientation and used essentialist language to talk about asexuality (Scherrer 2008). Like Scherrer’s respondents, some of my interviewees used essentialist language. In general, almost all of my respondents did say that they had “always generally felt this way,” meaning that they couldn’t remember a time when they had experienced high levels of sexual interest. On the basis of this, a majority (14, n=24) did describe their asexuality as inborn.

However, a sizeable number (9, n=24) felt that even though they had “always generally felt this way,” they couldn’t say on that basis whether their asexuality was inborn. Five of these nine respondents specifically mentioned that they thought their asexuality was probably the result of a combination of biological and environmental factors. A statement by Amy, a graduate student in psychology, is representative of those

made by this later group of respondents: “I have never not felt this way...which doesn’t to me mean that it’s inborn, it just means that there wasn’t something that happened when I was in middle school that caused me to feel this way. But I can’t imagine that it’s completely genetic, but that there would be some sort of combination of genetic and environmental factors, I would think.”

In addition, most of my respondents thought that sexual orientation (and identity) could be somewhat fluid. Fifteen of my respondents (65%, n=23) thought that their sexual orientation and/or identity might shift in the future. For example, Allison, a recent college graduate, said, “I’m always willing to keep an open mind, that like sexuality is a fluid thing. Things change over time. In my state right now, as I’ve been for close to the past decade, I feel no inclination to change how I feel. But if there’s ever a point where I need someone and I feel the desire to be sexual with them, I’d keep an open mind about it.”

Many also implicitly or explicitly expressed the idea that sexuality exists on a continuum (as noted above, many felt that asexuality falls on a continuum of sexual interest with hyper-sexuality at the opposite end). Amy expressed this idea explicitly, stating, “I think it is on a spectrum. And somebody somewhere is drawing a line and said, ‘If you’re on this side of the line, you’re asexual. If you’re at least a little bit interested, then you’re heterosexual or homosexual, bisexual.’ But, what if we were to look at those without it being that dichotomous line drawn, I think that would be sort of interesting.”

Some respondents also talked about the use of essentialist language as a consciously adopted strategy (strategic essentialism). One of the AVEN administrators I interviewed expressed this when he said:

Sexual orientation is a 1950s sort of cultural category that's really useful because it lends a lot of legitimacy and pretty accurately describes what's going on, right? Most asexual people, it's not a choice that we make. It's something that's been true for our entire lives. We don't expect it to change. Politically, we think it is an element of human sexuality that should be respected. And so all of those are really good early on in the description of asexuality, giving people a sense of what's happening.

Thus, the model of sexual orientation used by many of my respondents was not always an essentialist one. Many respondents were agnostic about etiology, allowed for fluidity in the future, and recognized the fuzziness of the boundary between asexuality and sexuality. In addition, some of my interviewees largely rejected the description of asexuality as a sexual orientation entirely, stating, in accord with one of AVEN's positions, that asexuality is best thought of as a potentially useful label.

Of course, in addition to talking about asexuality as an orientation, my interviewees all talked about asexuality as an identity category. As noted above, my interviewees generally offered a personal narrative which in many ways mirrored the coming out narrative of individuals who identify as gay, lesbian, or bisexual. In the case of my interviewees, this narrative generally included the following elements: one, recognition of some kind of question about the self to be answered (generally, "why am I not interested in having sex with other people?"); two, questioning the self and considering various answers to this question (while some considered a pathological explanation, this was not universal); three, finding the term asexuality and the online asexual community, which generally brought some sense of relief ("I am not the only

person like this”); and, four, adopting an asexual identity as a way of answering the initial question, both for the self and (in some cases) for others. Of course, also as noted above, this life narrative was most likely developed, in part, through the influence of the structuring narratives offered by AVEN and other online communities.

Desexualization: A third strategy my interviewees used to respond to compulsory sexuality was to de-emphasize the importance of sexuality in human life. In general, a number of my interviewees described their (a)sexuality as simply not very important in their lives. Allison, a recent college grad, said, “I don’t think my sexuality is the most important thing about me. There are other things I put first, like I happen to be someone who is asexual, but I am also a person who speaks seven languages. I’m also an older sister. I’m also a film major. It’s not something I put as my highest priority.” Jack, in his early 20s, said: “I think sexuality, for the most part, is fairly detached from how I interact with most people, coworkers, family members, casual acquaintances. So I haven’t felt much of a need to talk about it.” About her hopes for the future, Dona, 33, said,

I think for the most part a lot of the things that I want for my life really actually have very little to do with me being asexual or not. A lot of the things [more free time, less time working, a reliable car, and fewer bills] are just the same as anybody else wants you know...A lot of the things I want really don't involve a lot of necessarily, I mean it may be slightly different. Like I said, I’m not looking to be married, or have a family. You know, the things I’m interested in have very little actually to do one way or the other with being asexual.

Similarly, Hillary said, “It doesn’t hurt me being asexual. It sucks for trying to date and find a life companion, but it doesn’t usually affect my everyday life.”

In addition to deemphasizing the importance of sexuality in human life, my interviewees also tried to compress the boundaries of the sexual by challenging the sexual status of a number of activities that are considered sexual by mainstream society. In addition to viewing activities such as kissing and cuddling as non-sexual, a number of my interviewees described masturbation as a non-sexual activity. One interviewee offered the following, fairly typical, description of masturbation: “the weird thing with that is that I don’t think about sexual things when I do it though...It’s almost kind of like a massage, and I don’t really think of it in the same way.” Similarly, one interviewee mentioned her interest in claiming kink as a non-sexual activity. Another interviewee felt comfortable identifying as an asexual lesbian because, according to her, “being a lesbian is not all about sex.” In these ways, my interviewees attempted to place some boundaries around the realm of the sexual and, in doing so, in some ways challenged what scholars have identified as the sexualization of contemporary culture (Attwood 2006).

New Types of Relationships: A number of my interviewees attempted to negotiate new types of relationships not based on sexual attraction. Around two-thirds of my interviewees did want to find a romantic partner.⁹⁷ For most of these interviewees, their ideal romantic relationship would be characterized by high levels of mutual engagement and commitment and would involve little or no sexual activity. In some cases, interviewees wanted their ideal relationship to include what they saw as non-sexual physical activities, such hugging, kissing, or cuddling. Most of these interviewees felt it

⁹⁷ Only one interviewee described herself as polyamorous; she was interested in romantic but non-sexual relationships with multiple people at once. A second interviewee was in a primary romantic relationship and also engaged in secondary romantic relationships.

would be easiest for them to achieve their ideal relationship with another asexual person.⁹⁸ However, many interviewees thought it was unlikely that they would find another asexual person and were willing to try to make a relationship with a sexual person work.⁹⁹ Around half of my interviewees were open to the possibility of engaging in some kind of sexual activity within the context of a long-term romantic partnership with a sexual person, if desired by the other person. A few were willing to allow their partner to engage in sexual activity with other people.

A number of my interviewees (including some who were also interested in a romantic relationship) were in the process of developing new types of friendships. Some were interested in forming a very committed friendship/partnership with one person. Donna, 33, was interested in romantic relationships with men, however, she didn't want to get married or move in with a romantic partner. Rather, she had formed a long-term non-romantic relationship with a female friend. Of this relationship, Donna said, "I have my best friend and her and I plan on buying a house together, eventually...that way, it doesn't—you don't have to worry about, you know, you like someone one minute and then you're no longer interested, it's not based on the whims of romance, you know, it's something a lot more solid...." Other interviewees were interested in developing a number of committed friendships. In order to avoid being dropped by a friend in favor of a romantic partner, some interviewees stressed the need to talk explicitly with their friends about how committed both parties were to the relationship. Sarah, early 20s, said:

⁹⁸ At least three interviewees were in current relationships with other asexual individuals.

⁹⁹ Only one of my interviewees was currently in a long-term relationship with a sexual individual.

So it's really important that you talk about those things and try and be as explicit as possible about like, 'Hi, this is a really important relationship for me and I want to make sure that you know that and make sure that it's an equally important relationship for you, because if it's not, I need to think it's less important for me.' And so there's a lot of stuff like that that can be sort of—like it just requires a lot more communication because like the assumptions that the other person is making aren't necessarily assumptions that I'm making.

In Phillip's experience, as well, self-identified asexuals were more committed to maintaining friendships than sexual individuals. He said, "they're much better about being like dedicated and meeting every couple weeks. And like this April, we're all—everybody's traveling...But we're still making an effort to go see a movie one night or you know, not just disappear from each other just because we're busy."

A number of interviewees saw the line between romantic relationships and friendships as a blurry one. For example, Christine stated, "It's kind of hard for me to actually define what is friendship and what is love because, you know, I've got friends that I love deeply and sexuality has never been a part of my relationship with my previous boyfriends. It's almost like, 'Hey, you know, I'll love [my friends] too!'" Phillip, 27, said, "I'm pretty sure I'm aromantic. What makes me think I'm not is that I would want some kind of companion-like person in my life, you know, maybe we get married, maybe we don't. I'm not sure exactly what it looks like, but it seems like one person, most likely female, who's really close to me. Whether that's a romantic relationship, I don't know." Similarly, Amy, 27, said, "I'm not sure where that line between romantic or aromantic is drawn. I don't think I have this sort of stereotypical

romantic fantasy about love and being together forever. But I wouldn't say that I don't want companionship. So is just wanting companionship without like a romantic component being aromantic? I mean, I'm not sure."

Finally, in addition to forming new types of romantic relationships and friendships, while also questioning the line between romance and friendship, a number of my interviewees also sought to emphasize the value of being single. For example, Phillip, 27, said:

So kind of lately I've been thinking more along the lines of like, well, gee, if I am by myself my whole life, is that fine? I think it will be. You know, I like my career and it'll keep me interested...I have plenty of hobbies...I'm continuing to make new friends even as some of my other friends disappear. So I think I'll be in good shape...So that's kind of plan A...and then if somebody shows up who wants to be a companion type, then okay.

Overall, by forming new types of romantic and non-romantic relationships, my interviewees challenged the idea that sexual attraction and sexual activity are essential elements of an intimate relationship. In addition, by valuing friendships and singleness, a number of my interviewees challenged the idea that it is necessary to have a sexual or romantic partnership in order to enjoy a complete and fulfilling life.

Community Building, Education, and Visibility: The most direct response to compulsory sexuality undertaken by my interviewees was to form asexual communities and engage in outreach about asexuality. A number of interviewees mentioned the relief they felt upon finding an asexual community and learning that there were other people like them in the world. For example, Christine said, "whenever I'm kind of struggling,

like, well, why am I asexual? Why can't I be normal? You know, I go on there and I read about all these people who have wonderful lives and some of them even have significant others... . . . You know, I feel uplifted whenever I go there in that I'm not alone and that there's lots of others like me." Sharon described the comfort she received from visiting AVEN as follows:

Just that reminder, that regular reminder that there are other people like me somewhere in the world I do find really reassuring. I just find it comforting. It's like those people exist, and every now and then I'll get a response to a post or someone will quote me and it's like, okay, they see I exist too, which is—you know, it's just nice. It's not the same as real life, but it's just—you know, it's feeling that there's somewhere I can fit. You know, I spent my whole life just feeling like I didn't fit in, there was something wrong with me. And now I'm just different, but there's nothing actually wrong with me. Just having that knowledge and being reminded of it on a regular basis is just really, really good.

Of her reaction upon finding an asexual community, Lorri said, "Oh, I cried. I have no shame in admitting that I cried knowing that I was not alone anymore, knowing that somebody somewhere would accept that, because it's never been accepted as something." This sentiment about the value of even just knowing that other asexual-identified people existed was repeated over and over by my interviewees.¹⁰⁰

¹⁰⁰ As part of an update she sent me in response to receiving a draft of this chapter, one interviewee noted that she had completely distanced herself from the online asexual community because "it's become a place where it seems like no one can see the forest for the trees (for lack of a better metaphor) and are too busy arguing amongst themselves to provide a) a truly

In addition to providing comfort to each other, my interviewees were engaged in education and visibility efforts in order to increase public awareness about asexuality. In part, my interviewees were engaged in this work in order to create greater acceptance for themselves. For example, when explaining why she was willing to be interviewed for my research, Annette, 50, said, “that’s why I wanted to help you with your project because the more people know about this, the better. Then someday, 20 years from now, it will be, you know, something that people will just accept in society and people will get off my back and stop asking me why I’m not married.” Time and again, my interviewees also mentioned that they were engaged in this work in order to help young people who don’t experience sexual attraction. Sarah offered this fairly typical reason for engaging in visibility work:

I would just like more visibility... So that the people who are like me but younger don’t have to go through all of the stuff that I went through. And that’s really it, like I don’t think that society should change just because asexual people exist really. But I would just like to see more visibility so that people, when they’re young, don’t have to struggle with their identity as much hopefully... it would be nice to have it presented as an option to every child so they don’t have to figure out that it exists before they can like identify as that, right.

Analysis of Strategies to Resist Compulsory Sexuality

The strategies used by my interviewees to respond to compulsory sexuality were constrained by the discursive resources available to them. Although my interviewees did

welcoming environment for all the people who identify as ace and b) a reasonable representation of the community as a whole.”

not subscribe to a particularly essentialist model of sexual orientation, the language of sexual orientation is limited in a number of ways. On the one hand, the language of sexual orientation did seem to have a certain phenomenological validity for my respondents (asexuality as a relatively stable, usually lifelong preference for not engaging in sexual activity with other people). In addition, the language of sexual orientation did seem helpful for respondents when they tried to explain their way of being in the world to others and when they engaged in visibility and education work. However, even when speakers do not use the term *sexual orientation* to imply that sexuality is intrinsic and immutable, these are the connotations that the term carries. And suggesting that sexuality is intrinsic and immutable can have negative consequences for those queer individuals who do not experience their sexuality as intrinsic or immutable. As Janet Halley writes, “immutability offers no theoretical foundation for legal protection of those gay men and lesbians who experience their sexual orientation as contingent, mutable, chosen” (Halley 1993, 528).

Developing asexuality as a sexual identity category also has significant limitations. There is a large body of scholarship within women’s studies and queer theory critiquing identity politics. Scholars have pointed to the exclusionary potential of organizing around a particular identity, both in the sense that those who do not fit into a particular identity category may be excluded, and in the sense that a person’s multiple identities may be ignored in a group focused on one particular identity (see Crenshaw 1991). Some scholars have argued that identity politics are, ironically, depoliticizing (Fraser 1997). Finally, post-structuralist feminists and queer theorists, in particular, have pointed to the ways in which identity categories themselves serve regulatory functions. In

“Must Identity Movements Self-Destruct? A Queer Dilemma,” Joshua Gamson writes, “It is socially-produced binaries (gay/straight, man/woman) that are the basis of oppression; fluid, unstable experiences of self become fixed primarily in the service of social control” (Gamson 1995, 391).

Here I focus on two specific limitations of the language of both sexual orientation and sexual identity in regards to contemporary asexualities: the exclusions produced through categorization and the regulatory function of categories. First, I describe the exclusions produced through categorization: Although my interviewees often conceptualized sexuality as a series of spectrums, the language of sexual orientation/identity is inherently a categorical one—either you are asexual or you aren’t (or you identify as asexual or you don’t). In addition, in Eve Sedgwick’s terms, the language of sexual orientation/identity is a “minoritizing” language, implicitly suggesting that asexuality is of primary importance to a relatively small group of actual asexuals/self-identified asexuals (thus excluding non-asexuals/people who do not identify as asexual from the conversation) (Sedgwick 2008). For these reasons, describing asexuality as a sexual orientation or developing asexuality as a sexual identity category may disguise the fact that many people experience periods of asexuality at different points in their lives. In addition, it may disguise the fact that even people who experience relatively high levels of interest in sexual activity throughout their lives may be negatively impacted by compulsory sexuality and may benefit from a reduction in societal pressure to engage in sex.

I believe it is in part in reaction to these limits that the asexual community has developed the categories of “demisexual” (to describe those who may feel sexual

attraction in certain contexts) and “Gray-A/Grey-A” (to describe people who consider themselves to fall in the gray area between full-blown sexuality and full-blown asexuality). While this may be a positive development (allowing some who would otherwise be excluded to enter the asexual community), replacing a two-category system with a multi-category system does not completely eliminate the problems that come from using a categorical system in the first place, and still may inadvertently suggest that the concerns of the contemporary asexual movement are relevant only to a few.

The second limitation of the use of the language of sexual orientation/sexual identity is that it may simply increase opportunities for the social control of people who identify as asexual. According to Foucault, the production and construction of sexual orientation and sexual identity categories at the end of the nineteenth century contributed both to self-regulation (fluid, unstable experiences were ordered by individuals into a fixed identity) and social control, as institutions gained more access points (what Foucault calls “surfaces of intervention”) through which to intervene in and regulate human bodies and lives, both at the individual level (disciplinary power) and at the population level (governmentality, biopolitics). The self-regulation and other-regulation required by the use of identity categories was evident in some of the stories told by my interviewees; some mentioned that (other) AVEN members might feel uncomfortable about acknowledging any interest in sex (which would seem to call into question their identity as asexual) and some mentioned moments of community policing, when some members of the community identified others as not truly asexual. It is important to note, however, that my interviewees themselves largely rejected that idea that acknowledging an interest in sex should be threatening to one’s identity as asexual, condemned these

community policing efforts, and mentioned efforts by the AVEN community to create an inclusive and welcoming space for all. As of yet, the articulation of asexuality as a sexual identity category does not seem to have led to visible acts of social control by external institutions, however it is possible that this could happen in the future.

The efforts of my interviewees to respond to compulsory sexuality by engaging in community building and education efforts were also limited by the discursive resources available to them. In educating about asexuality and in working to increase the visibility of asexuality as a sexual identity, my interviewees engaged in public discussion about and brought attention to sexuality; in turn, it is the very focus of the public on sexuality that has in some ways contributed to the social marginalization of people who are not interested in engaging in sex. In many ways, members of the AVEN community face a paradox—how can they simultaneously de-emphasize the importance of sexuality for human flourishing without calling attention to their own (a)sexuality?

Despite these important limitations, in many ways, my interviewees were able to challenge, disrupt, or refigure a number of commonly held assumptions about sexuality and relationality. On a very basic level, by replacing the language of pathology with a language of difference and capacity, my interviewees challenged the idea that lacking sexual interest is inherently limiting. In addition, by forming new types of romantic and non-romantic relationships, my interviewees challenged the idea that sexual attraction and sexual activity are essential elements of an intimate relationship and they challenged our society's tendency to privilege sexual relationships over non-sexual relationships. Finally, through all of these activities, and by de-emphasizing the importance of sexuality

in human life, my interviewees challenged the idea that sexuality is a central part of what it means to be a human being.

Thus, the radical potential of contemporary asexualities lie in their ability to highlight the regulatory functions of compulsory sexuality and discourses of sexual liberation in both the broader society and within feminist and LGBTQ academic and activist communities. In that sense, while asexuality can be seen as just one more letter or identity category to add to an ever expanding list—LGTBQQIA—like each of the other letters and the identities they stand in for,¹⁰¹ in its inclusion, the “A” (for asexual) also disrupts some of the normative assumptions signified by the proceeding letters.

Conclusions

This chapter has argued that examining the lives and narratives of individuals who identify as asexual can contribute to understandings of compulsory sexuality. Analyzing the experiences of individuals who identify as asexual suggests that compulsory sexuality operates through pathologizing non-sexuality, through creating pressure (either directly or indirectly) to engage in unwanted sexual activity, through creating the conditions in which people who do not experience sexual attraction feel socially isolated, and through

¹⁰¹ For example, the addition of the category “lesbian” (L) challenges the use of the category “gay” (G) to represent both men and women and brings to the fore issues of sexism. The addition of the category “bisexual” (B) challenges the heterosexual-homosexual binary. The addition of the category “transgender” (T) challenges the transphobia of the LGB movement and also sits uncomfortably with the other categories (which are on the surface about sexual identity, not gender identity). In theory, the category “queer” calls into question the other categories in its rejection of identity politics.

creating the conditions in which individuals who identify as asexual are routinely denied epistemic authority.

At the same time, my interviewees responded to compulsory sexuality in creative ways, through adopting a language of difference and capacity to describe asexuality, through deemphasizing the importance of sexuality to human flourishing (de-sexualization), and through developing new types of relationality. In this way, my interviewees provided some suggestions for how to reformulate contemporary assumptions and norms about sexuality in order to accommodate a greater diversity of ways of being in the world.

Chapter 5: Conclusions: Stabilizing and Destablizing Sexual Desire

Here I suggest that thinking about asexuality (both the contemporary asexual movement and asexuality as a concept) can lead to important insights for women's studies and sexuality studies. It is not that these are new insights; rather thinking about asexuality can serve to remind scholars of claims already made, can provide new language with which to make these claims, can lead scholars to emphasize certain aspects of these claims, and can furnish these claims with a new sense of urgency. Here I use asexuality to think about the sex-negative vs. sex-positive distinction, the privileging of sexual expression as the premier pathway to liberation, and the compulsory status of sexuality. I then sketch the outlines of a sexual and reproductive justice platform based on insights gained from thinking about asexuality. I conclude by mediating on the distinction between the sexual and the nonsexual.

The Sex-Negative/Sex-Positive Distinction

When I first learned about contemporary asexualities in 2006, I was intrigued. Steeped in Third Wave feminism and queer theory, as I was at the time, the story I was hearing from scholars and activists (at least as I understood it) was that U.S. society is sex-negative, dominated by erotophobia. Within this framework, the contemporary asexual movement made little sense—why would people feel the need to come together and articulate an asexual identity in a sex-negative society?

Seven years later, I am convinced that one of the great gifts of the contemporary asexual movement is that it encourages scholars to see the limitations of the sex-positive vs. sex-negative framework. Clearly, there are many aspects of contemporary U.S. society which might be labeled sex-negative—for example, the support for abstinence-

only education in public schools by a small, but vocal minority of Americans,¹⁰² or the concern expressed by some politicians and parents' groups about sexual content on television ("Sex Education in America : NPR" 2013; Hetsroni 2007).¹⁰³ However, as other scholars have recognized, it makes little sense to apply the label sex-negative to all of contemporary U.S. society, as there are significant segments of contemporary U.S. society that celebrate or even enjoin sexual pleasure not just in the context of a long-term heterosexual relationship.

Some scholars have argued that it is even too simplistic to suggest that the United States contains both sex-negative and sex-positive factions. Based on their data from the National Health and Social Life Survey conducted in the early 1990s,¹⁰⁴ Laumann *et al.* argue that Americans actually fall into three major groups in terms of their attitudes

¹⁰² According to a nationally representative poll conducted in 2004 by NPR, Kaiser, and the Kennedy School, "fifteen percent of Americans believe that schools should teach only about abstinence from sexual intercourse and should not provide information on how to obtain and use condoms and other contraception. A plurality (46 percent) believes that the most appropriate approach is one that might be called 'abstinence-plus'—that while abstinence is best, some teens do not abstain, so schools also should teach about condoms and contraception. Thirty-six percent believe that abstinence is not the most important thing, and that sex ed should focus on teaching teens how to make responsible decisions about sex" ("Sex Education in America : NPR" 2013).

¹⁰³ Sex negativity appears to be the strongest in regards to the sexuality of children and adolescents.

¹⁰⁴ Although it is now twenty years old, the National Health and Social Life Survey is the most recent nationally representative survey about all aspects of sexuality conducted in the United States.

towards sex: approximately 30% of Americans believe that the purpose of sexuality is procreation (which the study authors label a “traditional” attitude toward sexuality), approximately 45% of Americans hold a “relational” attitude toward sexuality (“sexuality is a natural component of an intimate loving relationship”), and approximately 25% of Americans hold a “recreational” view of sexuality (“pleasure is the primary purpose of sexual activity”) (Laumann et al. 1994).

Although this tripartite grouping is more nuanced and useful than the distinction between sex-negative and sex-positive, thinking about asexuality reveals the ways in which sex-negative, sex-positive, traditional, relational, and recreational views of sexuality can all foster a rejection of non-sexuality. I wasn’t surprised to see asexuality rejected by some people who hold a recreational view of sexuality (for example, sex advice columnist Dan Savage has been vocal in his rejection of asexuality).¹⁰⁵ I also wasn’t surprised to see non-sexuality/asexuality rejected by people who hold a relational view of sexuality (see almost any relationship advice manual especially Michele Weiner Davis’ *The Sex Starved Marriage* (Davis 2003)). I was initially surprised, however, to see asexuality rejected by people who hold a traditional view of sexuality (as the anecdote at the beginning of this dissertation suggests, even Tucker Carlson, a news commentator with a conservative social agenda, views asexuality as abnormal or pathological).

Thus, contemporary asexualities demonstrate that, in fact, sex-negative, sex-positive, recreational, relational, and traditional attitudes toward sexuality are all perfectly compatible with the assumption that every adult possesses a sexual drive and that we are all sexual beings. The differences between these categories arise from their

¹⁰⁵ For an example of Savage’s take on asexuality see (Savage 2011).

position on what it means to properly *manage* that drive (whether reproduction is the only proper purpose of sexuality, whether both reproduction and relationship-building are proper purposes of sexuality, or whether reproduction, relationship-building, and pleasure are all proper purposes of sexuality).

In this way, the contemporary asexual movement simply reminds us of Foucault's argument that as a result of the great "deployment of sexuality" in the eighteenth and nineteenth centuries in western society, we have come to believe that our "sex" is the key to who we are as individual human beings. He writes:

Sex—that agency which appears to dominate us and that secret which seems to underlie all that we are, that point which enralls us through the power it manifests and the meaning it conceals, and which we ask to reveal what we are and to free us from what defines us—is doubtless but an ideal point made necessary by the deployment of sexuality and its operation...It is through sex—in fact, an imaginary point determined by the deployment of sexuality—that each individual has to pass in order to have access to his own intelligibility...(Foucault 1990, 155).

In Foucault's analysis, the "subject" is, necessarily, a "sexual subject"—through practices of "objectification," institutions such as the sexual sciences constitute us as sexual subjects, simultaneously, through practices of "subjectification," we constitute ourselves as sexual subjects. In order to be recognized as subjects by others and in order to recognize ourselves as subjects, we must be constituted as sexual subjects (Foucault 1990). In Foucault's terms, then, non-sexuality/asexuality may be rejected by people

across the spectrum from sex-negative to sex-positive, as it undermines a common belief that the subject is, essentially, a sexual subject.

In light of these insights, I recommend giving up the terms sex-negative and sex-positive and on the terms pro-sex and anti-sex. These terms have been primarily used by people who themselves identify as sex-positive or pro-sex to indicate their own enlightenment in regards to sexuality and to condemn the regressive attitudes of those they label sex-negative or anti-sex. However, as this analysis suggests, these labels elide the commonalities between these positions, specifically, their common assumption of sexuality as universal. In addition, there are also problematic notions of inherency and universality built into the term pro-sex (sex is inherently good unless proven otherwise). Sex is not inherently bad or good; rather the value of sex depends on the context in which it is occurring. By adopting a default sex is good attitude, pro-sex positions make a premature value judgment about sex.

Sexual Expression as the Premier Pathway to Liberation

The contemporary asexual movement also calls into question the tendency in some strands of radical feminism, pro-sex feminism, and queer theory to view the liberation of sexuality as essential to either the empowerment of women or the destabilization of contemporary systems of oppression (see Chapter 3). In this way, thinking about asexuality reveals the ways in which some strands of radical feminism, pro-sex feminism, and queer theory are not so far apart: all three in many ways focus on the structures of oppression or practices of normalization that limit sexuality—some strands of radical feminism focus primarily on the ways in which sexism and patriarchy both construct and limit the sexuality of (heterosexual) women; while some strands of

pro-sex feminism and queer theory focus primarily on the ways in which anti-sex moralism both constructs and limits the sexuality of sexual minorities. While some radical feminists were pessimistic about the potential for liberating female sexuality from male domination, others saw the liberation of female sexuality as the outcome, or even the cause, of women's liberation. Similarly, while many pro-sex feminists and queer theorists have rejected a liberatory agenda in regards to sexuality, some strands of this work have either sought to liberate non-normative sexual desires, identities, and practices from anti-sex moralism, or have celebrated the ways in which non-normative forms of sexuality undermine contemporary practices of normalization.

The problem with approaches that seek to liberate sexuality from oppressive structures is that these approaches imply the pre-existence of a natural, uncontaminated sexuality, an implication that is problematic from a social constructivist perspective and has unfortunate consequences for people who identify as asexual. The problem with approaches that see sexual desires, activities, or identities as routes to liberation is that these approaches may deny people who identify as asexual a role in producing social change. The problems associated with the later approach are not insurmountable as long as sexuality is not viewed as the only or even a privileged path to social transformation, and as long as the compulsion to be sexual is recognized as an oppressive norm in its own right, potentially open to contestation by asexuality as an analytical tool and by the activism of people who identify as asexual. In this case, contemporary asexualities encourage activists and scholars to attend more carefully to the framing and goals of their activism and scholarship in order to avoid reinforcing notions of sexuality as an inherent drive or of the human subject as essentially sexual.

Again, in this way, contemporary asexualities simply remind us of Foucault's contention that as part of the deployment of sexuality, members of western societies have also come to believe that our sex is repressed by power and that if we are "saying yes to sex" we are liberating ourselves and "...affirming the rights of our sex against all power;" when, in fact, "we are fastened to the deployment of sexuality that has lifted up from deep within us a sort of mirage in which we think we see ourselves reflected—the dark shimmer of sex" (Foucault 1990, 157). According to Foucault, "saying yes to sex" will not allow us to break away from the deployment of sexuality. He writes,

It is the agency of sex that we must break away from, if we aim—through a tactical reversal of the various mechanisms of sexuality—to counter the grips of power with the claims of bodies, pleasures, and knowledges, in their multiplicity and their possibility of resistance. The rallying point for the counterattack against the deployment of sexuality ought not to be sex-desire, but bodies and pleasures (Foucault 1990, 157).

It is interesting that while so much of both pro-sex feminism and queer theory turns to Foucault's work on sexuality as a foundation, as other scholars have argued, some of this activism and scholarship continues to produce a view of sexuality contrary to Foucault's avowed stance on sexual liberation (see Sawicki 1991; Glick 2000; Green 2007). Green, for example, states the following: "paradoxically, then, queer theory inherits but disavows the Foucauldian analysis of the modern sexual subject—on the one hand, embracing the history of sexuality in *The History of Sexuality*, and on the other, working sharply against the grain of its thesis to unearth rowdy, 'undercoded' 'bodies and pleasures' that lie beyond the social order" (Green 2007, 29), although he perhaps

unfairly characterizes queer theory as a whole, when, in fact, the field is hardly unified. Glick argues that this tension in sex-positive feminism and queer theory between recognizing the productive power of the social organization of sexuality and arguing for sexual liberation replicates the tension in Foucault's own work. She writes: "Foucault forcefully critiques the theory and practice of emancipatory sexual politics, while nonetheless celebrating a reorganization of 'bodies and pleasures' that, in his view, characterizes 'moments' of transgression, such as those that take place within the S/M scene" (Glick 2000, 23). Regardless of whether the tension within pro-sex feminism and queer theory is the result of not following Foucault's work closely enough or of replicating tensions in Foucault's own work, contemporary asexual activism provides a new rationale for not overplaying the liberatory potential of sex. By bringing into view the casualties of "the theory and practice of emancipatory sexual politics," contemporary asexualities can perhaps reenergize efforts to think about sex apart from a framework of repression and liberation.

Compulsory Sexuality

Contemporary asexualities also encourage scholars to think seriously about the extent to which sexuality is compulsory in contemporary western societies. Whether or not they have used the language of compulsory sexuality, scholars have identified a number of ways in which social norms may compel people to identify as desiring subjects and/or engage in sexual activity. Contemporary asexualities suggest that it may make sense to see these different types of compulsion as connected. In many cases, these different types of compulsion are fueled by the underlying assumption that so-called normal and healthy human subjects are sexual subjects. Of course, the ways in which this

assumption, and resulting types of compulsion, affects individuals will vary significantly based on their relationship to important social categories, including gender, race, class, and ability. Socially privileged groups are expected and even enjoined to be sexual; those within these groups who express disinterest in sex are pathologized. Socially marginalized groups may be labeled non-sexual or hypersexual as a way of stigmatizing them; in turn, these groups can be sexualized by society as a way of securing their status as normal, or members of these groups may be compelled to assert their own sexuality in order to gain social recognition.

Thinking about contemporary asexualities thus provides a reason for bringing together disparate existing scholarship. For example, feminist scholars have examined a number of ways in which heterosexual women may feel compelled to engage in sexual activity, apart from instances of rape (S. Jackson and Scott 1997; Harvey and Gill 2011; Cacchioni 2007; Evans, Riley, and Shankar 2010; Gavey 2005). According to Nicola Gavey, in *Just Sex: The Cultural Scaffolding of Rape*, heterosexual women may feel compelled to have sex for a variety of reasons, even when a male partner does not directly force sex. For example, a male partner may apply pressure short of force (such as threatening to leave a relationship if the woman declines his sexual advances). A woman may have unwanted sex in the absence of partner pressure out of a sense of obligation or because she has accepted the idea that a modern, healthy, and mature woman enjoys sex. Gavey writes:

I am concerned about times when women don't feel that they have a choice; when the sense of obligation and pressure is too strong and/or the costs are too high. Such examples run from the relatively harmless to the dangerous. All, though,

raise questions about how we understand sexual choice, freedom, and consent; and how subtle forms of sexual pressure and sexual coercion may be fostered through the invisible networks of power that operate in heterosexual sex (Gavey 2005, 10).

And, as discussed in Chapter 2, heterosexual women who express disinterest in sex may be diagnosed with Hypoactive Sexual Desire Disorder.

Heterosexual men may also feel compelled to engage in sex. According to Gavey, women may pressure men to have sex and men have reported engaging in sex with women when they didn't want to (see especially Chapter 7 Gavey 2005). This does not mean that compulsory sexuality affects heterosexual men and women in the same ways, as Gavey points out, men and women describe the impact of sexual coercion differently (see especially Chapter 7 Gavey 2005). A number of scholars have identified the "male sex drive discourse" as problematic for both women and men; it may lead men to feel that their status as masculine depends on their active pursuit of sex (Gavey 2005; Potts 2003; Tiefer 2004). Scholars have especially focused on the ways in which Viagra use may be enjoined on men, as tool to allow men suffering from impotence to restore their ability to engage in sex (Loe 2001; Potts 2000; Tiefer 2004).

Those scholars who have examined the ways in which heterosexual women and men may be compelled to engage in sex have tended to file these types of compulsion under the heading "compulsory *heterosexuality*." Yet, these types of compulsion may be linked to other types of compulsion which cannot adequately be described as part of "compulsory heterosexuality." Gay men and lesbians may face pressure within their own communities to identify as desiring subjects and engage in sexual intercourse; scholars

have especially documented the ways in which the construction of *lesbian bed death* as a problem within lesbian communities may have placed pressure on lesbian women to engage in sex (Hall 1996; Hall 2004; Hall 2002; Rothblum and Brehony 1993; Gupta 2013). In regards to the construct of lesbian bed death, sex therapist Marny Hall writes “In previous eras, lesbians had been sick when they were sexual. Now, compliments of lesbian affirmative therapists, they were sick when they weren’t” (Hall 2002, 164).

At the same time, just as accusations of hypersexuality can be used against marginalized groups (for example, African Americans and working-class men and women), accusations of hyposexuality can be used to further exclude marginalized groups (for example, older people, people with disabilities, Asian men) from the realm of the normal, thus indicating the close connection between the normal and the sexual. Scholar Eunjung Kim uses the term “desexualization” to describe the attribution of hyposexuality to marginalized groups (Kim 2011).

Society may grant previously marginalized groups access to the category human by sexualizing them; simultaneously, members of these groups themselves may demand access to the category human by asserting their sexuality. For example, in addition to reflecting assumptions about the importance of maintaining male sexuality, the development and marketing of Viagra has reflected new assumptions about the importance of maintaining sexuality into old age (Marshall 2006; Potts et al. 2004; Marshall 2002; Tiefer 2004; Potts et al. 2006). According to Barbara Marshall, “common wisdom by the middle of the twentieth century was that continued sexual activity, and especially sexual intercourse, was a healthy and necessary component of successful

aging” (Marshall 2006, 349). While the sexualization of old age may be liberating for many, it also creates new pressures to maintain an active sex life as long as possible.

Similarly, people with disabilities have been (and continue to be) desexualized by society. As our society becomes more accepting of some categories of disabilities, members of these categories have been sexualized. For example, some scholars have begun to examine how people with autism have been transformed in the popular imagination into loving/sexual subjects (Couperus et al. 2012). Simultaneously, as both Eunjung Kim and I have explored elsewhere, some disability rights activists and scholars have countered the desexualization of people with disabilities by arguing that people with disabilities are, essentially, sexual (Kim 2011; Gupta forthcoming). Importantly, some disability rights activists and scholars have not argued that people with disabilities are essentially *heterosexual*, rather emphasizing the potentially queer aspects of a crip sexuality (see, for example, T. Siebers 2008).

What all of this scholarship points to is the ways in which our society’s definition of the human and the normal are tied to the sexual, but not necessarily any longer to the heterosexual. As a result, those considered normal face strong pressures to be sexual and those who seek access to the normal must establish themselves as sexual subjects. Thinking about contemporary asexualities thus suggests that it may be productive to look at compulsory sexuality as an overarching system of oppression, with some similarities to sexism, heterosexism, racism, classism, ableism, and ageism.

Asexualities and Sexual Justice

Here I offer the outlines of a pragmatic sexual and reproductive justice platform based on insights gained from thinking about asexuality. This platform is offered based

on the recognition that while sexuality may be compulsory in some ways, sexual self-determination is still significantly limited in many ways in our society. Some scholarly and activist efforts to expand sexual self-determination for women and sexual minorities have inadvertently (or maybe in some cases advertently) reinforced compulsory sexuality. It is my hope that this can be avoided in the future by adhering to a sexual and reproductive justice platform that incorporates insights gained from thinking about asexuality.

In most ways, existing feminist conceptions of sexual and reproductive justice are perfectly compatible with insights gained from thinking about asexuality. I have longed used Sonia Correa and Rosalind Petchesky's articulation of "sexual and reproductive rights" as a model platform. They write:

We define the terrain of reproductive and sexual rights in terms of power and resources: power to make informed decisions about one's own fertility, childbearing, child rearing, gynecologic health, and sexual activity; and resources to carry out such decisions safely and effectively. This terrain necessarily involves some core notion of 'bodily integrity,' or 'control over one's body.' However, it also involves one's relationships to one's children, sexual partners, family members, community, caregivers, and society at large; in other words, the body exists in a socially mediated universe (Correa and Petchesky 1994).

In many ways, the platform defined by Correa and Petchesky accommodates individuals who identify as asexual; they too need the power to make decisions about their own reproductive and sexual lives and the resources to carry out those decisions effectively.

This platform also meets the needs of people who identify as asexual in terms of its focus on eliminating sexual coercion. According to Correa and Petchesky, sexual and reproductive rights include the right to be free from sexual coercion and sexual violence; in this sense, many aspects of compulsory sexuality can be reframed as violations of sexual and reproductive justice. In this way, the language of sexual and reproductive rights may actually be politically helpful for people who identify as asexual.

However, some of the focus of sexual and reproductive rights activism does need to shift somewhat to incorporate insights gained from thinking about asexuality and to avoid reinforcing compulsory sexuality. According to Correa and Petchesky, sexual and reproductive rights also include the affirmative right “to enjoy the full potential of one’s body—for health, procreation, and sexuality” (Correa and Petchesky 1994). They go on to say that part of this affirmative right includes the right to express the body’s capacity for sexual pleasure in diverse and non-stigmatized ways (Correa and Petchesky 1994). Although this language does not require people to express the body’s capacity for sexual pleasure, it does suggest that the capacity for sexual pleasure is an inherent and universal property of the body. It is important to add to any sexual and reproductive rights platform the caveats that sexuality may not be a universal human attribute, and that sexuality is but one potential pathway to pleasure. Without these caveats, any activist platform that pursues sexual and reproductive rights as *human rights* may unintentionally reinforce the connection between the human and the sexual.

The Sexual/Non-Sexual Boundary

It is important to offer pragmatic advice with the goal of creating a more liveable world for people who identify as asexual. However, the more radical implications of

thinking about asexuality are the ways in which this can lead us to question common assumptions, including the assumption that sexuality is necessary for intimate relationships and the assumption that the human subject is essentially a sexual subject. Here I close by discussing one of the most valuable results of thinking about asexualities—the way in which contemporary asexualities lead us to question the artificial sexual/non-sexual binary.

As other scholars have noted, in redefining activities like kissing and even masturbation as non-sexual, people who identify as asexual highlight the subjective nature of what counts as sexual (see, for example, Scherrer 2008). On some level, the subjective nature of the sexual is simply commonsense; an experience is sexual if a person interprets it as such. In addition, it is relatively commonsense to suggest that what a person experiences as sexual is influenced by socialization and cultural norms. Some scholars have taken a more radical stand, suggesting that no experiences are inherently sexual. For example, Foucault writes: “the notion of ‘sex’ made it possible to group together, in an artificial unity, anatomical elements, biological functions, conducts, sensations, and pleasures, and it enabled one to make use of this fictitious unity as a causal principle, and omnipresent meaning, a secret to be discovered everywhere” (Foucault 1990, 154). Janet Halley describes this position as “sex constructivism” and glosses it as follows:

This may be the most thorough view of constructivism in the area of sexuality yet articulated. It assumes that the sheer recognition of certain bodily sensations as sexual is constructed. This is not merely to say, for instance, that living in a culture that ‘implants’ ‘sex drive’ would be a different thing than living in a

culture in which sex originates in an ‘appetite.’ It is to insist that culture supplies the very terms for understanding bodily sex, in or between persons, as distinct from other modes of physical configuration, action, or sensation (Halley 1993, 559–560).

Thinking about contemporary asexualities provides the inspiration to develop these claims more fully. These claims offer an alternative understanding of sexuality as not an internal drive but as the product of a process that organizes particular sensations and experiences under the sign of the sexual. This alternative understanding is potentially useful for thinking about asexuality because it suggests that asexuality is not a lack of something, but rather a different organization of sensations and experiences. However, although Foucault and Halley’s language might suggest that certain biological functions or bodily sensations pre-exist the concept of sex or sexuality and then become organized by the concept of sexuality, this is not what I want to suggest here. Rather, drawing on the work of feminist science studies scholars including Donna Haraway and Karen Barad, I suggest that particular boundary drawing practices (or apparatuses) intra-act with bodies iteratively to stabilize sexual sensations and sexual attraction as recognizable phenomena. Boundary drawing practices function at a societal level to stabilize sexual attraction as a socially recognizable phenomenon (for example, neuroimaging studies that attempt to isolate the neural correlates of sexual desire). Boundary drawing practices also operate at the individual level, allowing the individual to experience and recognize a discrete set of sensations as sexual.

As an example of how boundary drawing practices work at a societal level, I focus on a review article describing contemporary neuroscience research on sexual desire

in men. This is a useful example because it demonstrates how particular boundary drawing practices attempt to stabilize sexual desire or attraction as a recognizable phenomenon through the development of ever more sophisticated apparatuses. In a review article, Stoleru and Mouras examine ten PET and fMRI studies of sexual desire or arousal in men. They point to a large number of brain regions that were activated during sexual desire in at least several studies. Some sections of the temporal cortex were also found to be deactivated during sexual desire or arousal. Yet, only two areas were found to be activated during sexual desire or arousal in more than half of the studies reviewed (the occipitotemporal cortex and the anterior cingulate gyri). On the basis of their review, Stoleru and Mouras conclude,

SDA [sexual desire and arousal] is a composite psychophysiological state correlated with the activation and deactivation of several brain regions. A majority of those regions have been associated with other emotional or motivational states...Then, what is specific of the neuroanatomical correlates of SDA? This specificity may be related to (i) a distinctive pattern of activated/deactivated areas, and/or (ii) the activation/deactivation of discrete areas within the broad regions demonstrated by PET...and/or (iii) small regions where activation cannot be recorded reliably with current neuroimaging techniques (Stoleru and Mouras 2007, 23–24).

This example is interesting because Stoleru and Mouras assume that sexual desire and arousal are phenomena existing in the world, that these phenomena (and the mechanisms responsible for them) are similar across subjects, and that the mechanisms responsible for these phenomena can be isolated in the brain. They use the apparatuses of PET and fMRI

to attempt to isolate sexual desire and arousal as entities in the brain. Presumably, had they been able to do so, their findings would contribute to our society's understanding of sexual desire as a coherent entity. And when Stoleru and Mouras are unable to do so, rather than suggesting that sexual desire and arousal may be heterogeneous phenomena across subjects, they blame the lack of sophistication of current neuroimaging techniques for their inability to isolate sexual desire. This serves to create the impression that sexual desire will be isolated as a coherent entity in the future, thus staving off potentially troubling questions about the identity and coherency of sexual desire and arousal.

If the neuroscience research provides an example of how these boundary drawing practices work at a societal level, how might they work at an individual level? In other words, how do individuals come to have sexual experiences? Here I suggest that Christopher Harshaw's work on hunger might serve as a kind of model (albeit an imperfect one) for how to think about how sexual attraction becomes stabilized as a recognizable phenomenon for the individual. In "Alimentary Epigenetics: A Developmental Psychobiological Systems View of the Perception of Hunger, Thirst and Satiety," Harshaw challenges the idea that the perception of hunger, thirst, and satiety (alimentary interoception) is an "innate drive." According to Harshaw, alimentary interoception is the product of individual development. Harshaw uses a variety of evidence from the study of humans and non-human animals to demonstrate that a human infant does not have an inborn connection between specific interoceptive sensations and the concepts of hunger and thirst, between these sensations and specific nutritive environmental stimuli, or between these sensations and the behaviors that are involved in eating or drinking. Rather, these connections must "be acquired during ontogeny through

processes of socialization or social biofeedback,” specifically through reciprocal interactions with caregivers (Harshaw 2008, 560). Harshaw also questions the line between hunger and emotion, writing,

This view [of the overlap between motivational and emotional processes]...is echoed by modern neuroscientists, who sometimes refer to the phenomena of hunger, thirst and pain as ‘homeostatic emotions’...there is no innate knowledge of any difference between ‘emotional’ feelings or states and ‘motivational’ ones like hunger, thirst and satiety. Just as infants must be socialized to identify and understand interoceptive alimentary signals through reciprocal interactions with caregivers, so must they be socialized to identify and understand internal emotional feelings and states and their relation to behavior (both expressive and ingestive) and to exteroceptive stimuli...From this perspective, ‘motivation’ and ‘emotion’ are thus largely bio-socio-cultural constructs (Harshaw 2008, 549–550).

Harshaw’s work can serve as a useful model for thinking about the ways in which individuals come to interpret certain experiences as sexual (although, again, this is not perfect language as it suggests that the experiences precede their interpretation). We can think about the individual development of sexual desire as an iterative process in which individual bodily and mental processes intra-act with socially developed conceptions of sexual attraction primarily via on-going reciprocal interactions with others to stabilize over time sexual attraction and sensations as recognizable (and distinct) phenomena for the individual. This way of thinking about sexual attraction is useful for thinking about asexuality because it provides a framework in which asexuality is not a lack but rather a different organization of bodies and pleasures.

Conclusions

In this dissertation I have tried to demonstrate that thinking about asexuality, both as a concept and a contemporary identity category, is useful for understanding contemporary sexual norms. In particular, thinking about asexuality demonstrates the ways in which sexuality may be compulsory for some, and provides inspiration for working to reconfigure these norms in order to accommodate a greater diversity of ways of being in the world. I have also tried to demonstrate that thinking about asexuality can lead scholars to rethink a number of other issues within women's studies and sexuality studies, including the value of the sex-negative/sex-positive distinction and the positing of sex as a transgressive activity. It is my hope that in the future thinking about asexuality will be incorporated into the core of both women's studies and sexuality studies. In regards to transgender phenomena, Susan Stryker writes,

Transgender phenomena now present queer figures on the horizon of feminist visibility. Their calls for attention are too often received, however, as an uncomfortable solicitation from an alien and unthinkable monstrosity best left somewhere outside the village gates. But justice, when we first feel its claims upon us, typically points us towards a future we can scarcely imagine... Transgender issues make similar claims of justice upon us all, and promise equally unthinkable transformations. Recognizing the legitimacy of these claims will change the world, and feminism along with it, in ways we can now hardly fathom. It is about time (Stryker 2007, 59).

While I do not have quite such lofty goals for asexual phenomena, I do believe that, for sexuality studies in particular, asexual phenomena also present queer figures on the

horizon. In addition, I believe that asexual issues also make claims of justice on us, and that recognizing the legitimacy of these claims will require changing aspects of the social organization of sexuality and sexuality studies as well. If this happens, it will be about time.

Appendix 1: Interview Guide (Revised Version)

Introduction

- Why don't you start by telling me a little bit about yourself, for example, about where you grew up, about what your family is like, about what you do now?

Current Sexuality

- How would you describe your sexuality?
- How do you define asexuality?
- Do you feel sexual attraction?
- How do you describe sexual attraction?
- Do you engage in sexual activity?
- How do you define sexual activity?
- Are you currently in any intimate personal relationships?
- Would you define yourself as romantic or aromantic?
- How do you define "romance"?

Development of Sexual Identity

- How did you come to identify as asexual?
 - What were your parents' attitudes towards sexuality?
 - Did you feel sexual attraction growing up?
 - Did you engage in sexual activity growing up?
 - What led you to assess or question your sexuality?
 - Did you feel different from your peers because of your (a)sexuality?
 - Where did you first hear about asexuality as a sexual identity?
 - Why did you adopt an a(sexual) identity?
 - Has your sexuality changed over time?
- Can you tell me about any intimate relationships you have been in?

- What specific sexual behaviors have you engaged in?
 - Partnered?
 - Masturbation?
 - Orgasm (alone and/or with a partner)?
 - Have you found these experiences pleasurable?
 - Do you think you engaged in unwanted sexual activity?
- Has anyone ever pressured you to engage in sex?

Participation in Asexual Communities

- How did you find an asexual community?
- How often do you visit the site?
- How often do you post on the site?
- Do you have any kind of leadership role in the community?
- Do you attend in-person “meet-ups”?
- Have you participated in any education or visibility efforts?
- What would you like this community to accomplish?

Asexuality and Medicine

- Have you ever sought medical treatment related to your sexuality?
 - What kind of medical treatment did you seek (gynecologist, mental health professional)?
 - What did you tell the medical professional?
 - What was their response? Did they recommend any type of treatment?
 - Did you follow their advice? How do you feel about this experience?

Asexuality and Society

- What kinds of messages about sexuality have you received from society?
- Have you ever felt stigmatized or marginalized because of your (a)sexuality?

- Who have you told about your asexuality?
- How has your family reacted to your (a)sexuality?
- How have your friends reacted to your (a)sexuality?
- How have your partner(s) reacted to your (a)sexuality?
- Has your (a)sexuality has any effect on your career?

Political and Social Goals

- What are your hopes for yourself for the future?
- What changes, if any, would you like to see in society?

Other:

- What were your parents' attitudes towards sexuality?
- Did anyone ever sexually abuse you?
- Are you interested in having children?
- What is your personality like?
- Would you identify yourself as more masculine, feminine, and/or androgynous?
- What are some negative aspects (if any) of your (a)sexuality?
- What are some positive aspects (if any) of your (a)sexuality?
- If there was some way for you change your asexuality, would you do it?
- Do you think treatments for low sexual desire should be available for people?
- Would you define your sexuality as inborn?
- Do you think your sexuality might change over time?
- What is your attitude toward your own body? Toward other people's bodies?
- Any negative or positive experiences with the LGTBQ community?

Conclusion

- Is there anything else that you would like to tell me?

- Are there other questions that I should be asking?

Appendix 2: List of Codes

List of codes with examples:

Age: “So like the fact that I’m asexual doesn’t really matter very much right now because I’m still in college. But I feel like as you get older, maybe that changes. I’m not really sure.”

Asexuality definitions: “Well, pan-romantic means like, I’m attracted to, you know, guys, girls, transgender people, you know, gender-neutral people, basically everybody. And then asexual, obviously I’m not interested in sexual relationships with anybody.”

Asexuality and HSDD: “I definitely think that like it's on an individual basis. Nobody's—nobody can tell you how sexual you're supposed to be, and like I think the whole idea of fixing it goes into normative sociological practices, and it's kind of like saying, ‘Oh, we’re going to fix this person who's in a wheelchair.’ Like you’re not because that’s who they are. You’re not going to fix them, you’re going to help them cope in this fucked up world. Like that’s really, yeah, so I mean, I agree, like I wouldn’t want it to be like, ‘Oh, we’re going to treat you for this.’ But if there was something, it could be like, ‘If you want this, it’s there,’ type thing which like—because I know some people might want to, for a variety of reasons, like if they really want to be involved sexually with their partner because their partner wants them to, and they want to be able to like want it. Then that makes complete sense, it’s a good reason to have like a medication, but if it’s just, ‘There’s something wrong with me, I have to fix it,’ then that’s not a good reason, since that’s not true.”

AVEN experiences: “I get on—I try to get on more frequently, you know. I usually get onto the chat room ‘cause people, they’re really understanding there and I feel like I only

get on when I have to complain about something but they're pretty good listeners, they're very nice people. But, you know, if I just browse around, like if I have a question that I need answered, you know, and I'll browse the forums and see what other people think about it and, you know, it's a good amount of feedback so it's a very useful site."

Avoidance: "It tended to get a little sexual but I mean, I was always trying to avoid that like, I don't know, notably a year a half ago, like, getting my boyfriend to lay out in the courtyard with me so that like, nothing could progress or something."

Body: "I don't know, I guess like the thing for me there was that I wasn't like super, super comfortable with my own body yet like because it was like high school and I was still like adjusting. So like I wasn't super comfortable like talking about things that related to my body and like my experiences with sexual activity and stuff with other people. And so like that made it more awkward."

Children: "Yeah, I want to help a person. So I can see myself way down the line fostering, but absolutely not before I feel like I've lived my life. It's almost selfish really, and people have told me that. But you know what? I got one shot at it. I'm going to live it up and then if I want to live my life for somebody else, because it's what kids encourage, or kind of make you do. Everything in life revolves around them because you're their caretaker. If I want to do that when I get older, maybe. But it's not going to come out of me. Maybe adopt, foster, maybe. Definitely a maybe. But only if things line up the right way and time, a lot of factors."

Descriptions of sexual desire: "And, I have yet to meet or imagine someone who can invoke that same feeling involuntarily on my part, and I've kind of likened it to the modern vampire culture where you know the vampires are so sexual and they just ooze

sexuality and you are kind of forced to be sexually attracted to them whether you want to or not. I don't feel any of that. I've imagine it in my mind and it's like, that would be kind of cool to have this like overwhelming urge, but it never happens in reality.”

Desexualization: “I don't think my sexuality is the most important thing about me. There are other things I put first, like I happen to be someone who is asexual, but I am also a person who speaks seven languages. I'm also an older sister. I'm also a film major. It's not something I put as my highest priority. I'm a person who is asexual, but it's not one of those things that I feel like needs to define me, every day I'm going to go out and be like, ‘Hi, I'm asexual, please marry me.’”

Difficulties finding partners: “And then you know if it happened, if I could meet someone through AVEN, I would love to, you know if you take the statistic that roughly 1% of the population is asexual and say, let's go high, 10% of the population is gay, you end up with a 10% of 1% that's both gay and asexual and then you have to take half of that because you need only the female half. All of a sudden the chances of finding someone go very slim and then you have try and find local, do I want to deal with long-distance, do I want to deal with double long distance when I travel? So, it would be nice, but I really don't expect to get that out of it.”

Disability: “I'm not doing very much right now. I was diagnosed with a sleep disorder and I lost my job because of it. And unemployment denied my claim because they can't read properly and so I'm appealing that, and it's a mess.”

Etiology: “I don't know, I mean, nothing's ever happened to me that's made me asexual. Like, I wasn't abused or anything, nothing like that so I mean, I don't think that's a factor

in—I don't know, it could be something you're born with but I don't have the proof to show that. I just, you know, that's just who I am so.”

Family attitudes: “My mom always said when—she said, ‘When you fall in love, you’ll want to have sex, and I hope that the first time you do have sex it is with somebody you love,’ so she wasn’t—she’s a little bit more liberal in that way. But my dad and I don’t talk about it all that much. He just kind of takes it like—he just automatically assumes that I’m having sex and that I need to be, you know, reminded on a regular basis if I’ve got a boyfriend not to get pregnant and the dangers of STDs. And, ‘We would love a grandchild, but not now, so.’”

Feelings about sex: “Sure, hugging no problem, you know, cuddling, holding hands, that’s fine. I like that kind of affection and I get plenty of that, you know, with my family or whatever and sometimes with my friends but kissing, that’s fun I guess. I don’t really get anything out of it but that’s fine. But oral or penetrative sex, I’m just not particularly fond of, yeah.”

Feelings of difference: “Yes. Well, I’ve always wanted different things from other people. First, I’ve never been diagnosed with Asperger’s, but I have some of the symptoms. My girlfriend, who is also on the spectrum, says she would be surprised if I didn’t have Asperger’s. I don’t have any medical statement to that effect, but I think I do have Asperger’s, or at least sort of functional autism. So my world perception is different from most people. I’m not judgmental forming. I have spectator sports. I love musicals. I am vegan, like I said. I run Linux instead of Windows at home.”

Finding asexual label: “I remember I think when I was in college, I was like, I was thinking I was not very sexual. So I was like, ‘Oh, maybe I’m asexual.’ Because it’s like

the opposite of being sexual. And I'm just like, 'That's not real,' because you look it up in a dictionary and you're just kind of like, 'Yeah, this is not me.' But then I'm like, well, I was just really frustrated last year, so I just started googling. I was like asexuality, AVEN popped up. And then I was like, oh, AVEN. And it had the definition of what [inaudible]. I'm like this sounds very similar to what I am."

Fluidity: "I think it could change. So, I mean, you know, I meet a lot of people who, you know, like, they could be like straight for years and then suddenly they're gay or something like that. So I don't think, you know, it's just, 'You're locked in. This is who you are,' you know?"

Gender: "Well I don't know because I'm not a guy. There's more expectations for guys if they would—I think there's more of an expectation in society for men to be sexually aggressive, but nowadays, that expectation's on women also. Well years ago, if you were not a sexually aggressive person, people would say, 'She's a nice girl.' I'm just like, that was fine. And nowadays, it's—you know, you see all these TV shows like *Sex in the City*, which I don't even watch because it sounds like a stupid show. And it's like you know, there's an expectation—it's like there's—it puts pressure on you now. There's an expectation. This expectation is on everybody now."

Hopes for future (AVEN): "I would just like more visibility for the things that I want. So that like the people who are like me but younger don't have to like go through all of the stuff that I went through. And that's really it, like I don't think that society should change just because asexual people exist really. But you know, I would just like to see more visibility so that people, when they're young, don't have to like struggle with their identity as much hopefully. I mean, you still have to struggle with it also because it's sort

of confusing just generally. But it would be nice not to have to like have it presented as an option to every child sort of a thing so they don't have to like figure out that it exists before they can like identify as that, right. But like that's about it as far as I'm concerned. I haven't had any other problems with it. And I think there are other people who have probably in the community. So like there's probably things that other people have on their list that like I'm just not ready to do."

Hopes for future (personal): "I like to end up with someone who understands me. I'd like to not die alone. I'm not in a hurry to get there. I've got some financial messes that I'm still cleaning up. I've gotten rid of my credit card debt and now I just have to finish the mortgage on the house in another state that I've never maintained. Other things get in the way of that. And I also want to eventually switch careers."

Hormones: "The first three all said, 'what? Where you abused as a child, sexually abused, are your hormone levels off? What medications are you currently taking and can they affect your libido?' The answer is: no I was not sexually abused, last I knew my hormones were fine and if you go by my acne my testosterone is fine to high, um, yes I'm taking medications that can affect my libido, oh wait, any medications can affect my libido."

Ideal relationship: "All right, you don't know what that is. It's like the perfect love that's described in the book of Corinthians, which is in the Bible. It discusses patience and kindness and not being jealous and being secure and not boasting, and having communication and being honest with each other. You know, because I really am not concerned with, of course, aesthetics. I'm not concerned with commonalities. I'm not really concerned with, you know, what they like or dislike and really concerned is with

how we communicate with each other. You know, is our time together going to be a pleasant experience? Are we going to go be kind to each other and secure in our relationship? Honest and things like that.”

Identity Development: “Well, I thought by default that I was straight. I had been in love with a girl. I’ve never felt any sort of attraction at all to man. I don’t even—I prefer even my friends to be women. I generally prefer—well, I wouldn’t say that I don’t like to associate with men at all. I do have male friends, but I much prefer to associate with females. So it was pretty obvious to me that I was not homosexual because I don’t want any sort of relation with them. I assumed by default I was straight. After I turned about—thank you. So after I learned about the existence of asexuality, I thought, well, for all I know, I might be asexual, but I don’t know how to find out. And like I say, it was only a few years later that I learned more about what asexuality meant and decided that yes, I was.”

Interest in research on asexuality: “So for AVEN, I think they’re doing what they need to be doing and for research, I’d like to see more research like I told you and I’d particularly like to see research that incorporates some psycho-physiology. So, you know, what response do asexuals have to sexually arousing images or to certain situations? I’d like to—I’d be interested in that but I don’t think there’s been any like that yet.”

Intimate relationships: “I mean, pretty standard relationships. I dated two guys, I think, yeah. One in high school and one in like at the very beginning of college. And I don’t know. Like the one in high school sort of ended badly because like I didn’t have a lot of context for like what I was going through. And it was—like the one in college was not super like emotionally intimate. So like it wasn’t—like when we broke up or whatever, it

wasn't a big deal, right? Like we were still sort of friends and like we lived in near each other. So like we saw each other a lot. But like it wasn't a big deal, right. It was just like, oh now we're not dating. Before we were dating. Fine. But in high school it was a lot more like he was like really invested in like dating me and I was like, 'This is not working for me. This isn't something I want anymore.' And it was messy a little bit.

LGBTQ: "Um, it was in its own way, but it's not my kind of church. Uh, they're a little bit too gospel, a little bit too southern, and a little bit too gay male. And, again, there's no one I can really relate to there. Most of the females there are either much older than I am, they're lesbians who are in a partnership, and not one of them identifies as asexual. Most of them go the same way anyone else does: 'oh, you just haven't met the right person.' And a lot of them also go, 'oh, well honey you're gay, you're a lesbian, duh!' And I'm just kind of like, really, ok? So all of the gay people I know tell me I'm gay. All of the straight people I know tell me I'm straight. I have no outside verification for what I'm feeling from either side because it's always contradicting something."

Masturbation: "Really, it's more just like a physical thing. Like this is going to sound so weird. It helps with period cramps. So that's the quickest and fastest way to get rid of them instead of taking a bunch of aspirin. It helps you sleep easier. It's not really like an emotional thing. It's more like a physical thing. This will make me feel better, end of story, okay, we can move on kind of thing."

Media (asexuality): "I think, like once again, I think in certain other countries, there's like better representation of [inaudible] than in America. I mean, New Zealand, Australia, British, you see a lot of their media seem to have run a lot of positive stories, or you know, like in New Zealand there was a character on a soap opera, and I was like aw, I

was like so interested in like what happened with him. It's like and there's a lot of ways that story can be taken, and yet a lot of times you'll hear well there's no reason to have an asexual character in a story 'cause of what are they going to do? I think in certain countries there's been—I mean in America there's been some positive ones, but there's also been a lot of where they try to lay out both sides but it ends up coming across like they'll spend the first half of the thing, saying 'Oh this is great, this is how I am' and then they'll tack on at the very end, some, you know, sex therapist who says 'Well this is just not normal' and it kind of colors the whole thing after you've read it."

Media and ads (sexuality): "I think I would like to see less song lyrics about banging people. Have you listened to what's on the radio? It's all about sex and breakups. It's hard to find music that doesn't talk about these things. It's a little frustrating. Your lyrics are nice, but I have no idea what you're talking about."

Medical experiences: "You know, I've been through therapists, and it wasn't just one therapist; I went to like three. And they didn't last long. It was pretty much the same verdict: go have sex and you'll like it. You don't know yet; you're silly. It's like, no. I'm pretty sure."

Meeting other asexuals: "Well, it's good to meet people who are, you know, like yourself, you feel like you're with people who understand. You know they're not going to come out of the blue and say, 'Why aren't you married?' Drive me crazy. I don't know. It's so nice to have a cup of coffee with a guy who's not going to be a pain in the ass and ask me out. You know."

Metaphors: "But I don't know, the best analogy I have is that like I feel a bit like a vegetarian sometimes and that like it's in a world where everybody likes meat. And there

are some vegetarians who they just don't like meat because they don't like how it tastes, and then you've got the vegetarians who don't like meat because they think it's like ethically and morally wrong. I'm just the kind who would say that they wouldn't like meat. I don't like sex, it interests me about as much as meat interests a vegetarian."

Missing sexual cues: "That was way beyond overt. Uh, yeah, that would have been very hard to miss. But, you know, my mom, probably last Christmas, she told me yeah this guy that you've been hanging out with and you um, he and I actually performed together as swashbucklers, she's like, he's been in love with you for a really, really long time. And I'm just like, um, ok. After that I could kind of see when he was flirting. Before that it was just, we're having fun and playing with each other, you know, just, we're having a good time. I didn't see it as flirting. Until someone pointed it out and its' just like oh, that's why when he reached over he touched my back and why he was possibly trying to get me to drink more, I don't know."

Negative aspects of asexuality: "But negatively, I mean, it does put you in a class, not all your own, but different than a vast majority of the population. And there is, you know, the stigmas that come along. There are people who just don't get it. There are people who judge and just the sense every day that you're different. Some days it bothers me less than others because it's not in my face. But if I see a lot of other people, happy couples and whatnot, I can't have that because of this. It gets a little bitter, but that's the big one. And the all-encompassing one I think is that you're constantly reminded that you're different all the time. Pretty much everybody you interact, unless you're in a very specific community like gay men or if you're at a pride, you know, festival, it's—you kind of get

stuck in that ‘You’re different’ mode. And you know, the reminder sucks. It just does. But yeah, those are the two things kind of at odds with each other, cost and benefits.”

Orgasm: “I mean, you know, orgasms are fun. It’s just, they’re not something I’d be willing to suffer through sexual activity with a partner to achieve.”

Personality: “I am very, very blunt. I’m brutally honest, like I’m just the person that says, ‘No, you’re being stupid. Don’t do that.’ Whereas everyone’s like, ‘Mmm,’ kind of waffles around a topic. I’m very sarcastic and cynical. I’m really loyal to my friends, but I come off really shy to people that I’m not that good friends with, that I’ve just met. It takes me a little time to warm up to people. Once you—once like I consider you a friend, I get really loud and won’t shut up. Let me see, other personality traits. I’m a bit of a dork, you know, video games, like Internet kind of stuff, conventions. Yeah. I don’t know, would that be enough?”

Positive aspects of asexuality: “But at the same time, I think it makes things a lot more interesting because when you’re forced to like—like a lot of people I feel like just sort of walk through their life and like accept all of the norms. Like they get married; they have kids, because that’s just like what they’re supposed to do, right, like that’s what they always thought they were going to do, and so it’s something they end up doing. And like that’s probably what I would have done had I never found asexuality, right. But being forced to like reevaluate all that is a very interesting process. And I think it opens a lot of doors to like new things that you would never have considered otherwise. So I think that like that’s really a positive aspect.”

Reactions to asexuality (family): “My mother’s initial reaction was that you can’t decide that for yourself. Only a professional can tell you.”

Reactions to asexuality (friend): “Yeah, they’ve been pretty supportive for the most part. My friend from New Jersey, she’s pretty sexual but like she’s very understanding of me. But like when I told her that my roommate was like interested in sex and that I didn’t want to lose him, she was trying to tell me for a long time you have to have sex with him, you have to have sex with him or he’s going to break up with you. And I think that was part of the reason why I was trying so hard with him. So that was a little hurtful. But she still like—she understands where I’m coming from, but she also understands where he’s coming from.”

Reactions to asexuality (partner): “Well, I think like in retrospect, I think he noticed that there was like something that I wasn’t picking up on, but I was completely unaware of it at the time. And then after I saw the news report, I told him and I didn’t think it would be a big deal. And then after that he pretty much stopped talking to me. Not like in a rude way, like he gave me the cold shoulder. I just like I didn’t hear from him and when I would IM him, he’d just be like really trite with his responses. And I asked him if he hated me once and he said, ‘I can never hate anyone. That’s not of my nature.’ But we pretty much just stopped seeing each other. It was kind of unspoken. But just it kind of happened that we didn’t see each other anymore.”

Rearticulating past experiences in light of asexuality: “And you know what? Now that I look back in time, there are other things I see that maybe I either—obviously it’s easy to look back and see things in the past. I could recall one time when I was in junior high, somebody put a—and I guess this is a thing now, one of the things that I really should look back now as an obvious sign that there’s something—you know, that I was a little different. Someone put a copy of *Playboy* on my desk at school. Do I go to the pictures?”

No, I go to some article that somebody wrote about an anti-trust lawsuit between the NFL and the USFL. So then my friends are laughing at me and I don't even understand why they're laughing because I was kind of—it struck. At the time—I still love football and at the time I was interested in it.”

Religion: “Okay, this priest came and he was giving his homily and he was talking about marriage. And after his homily, he asked all the married people to stand up and he gave them a special blessing. Then he asked all the people that were divorced to stand up and he gave those people a special blessing. Then he asked people who were widowed or widowers to stand up and he gave them a special blessing. And then he says, ‘Well, I don't want the kids to feel left out. Children, please stand up.’ Nothing for single people like myself. So I mean, my faith is important to me and I do consider the Catholic church to be, at least if nothing else, historically the legitimate descendent of Jesus and the apostles. But that being said, I don't think of—I do have an issue with that sometimes I feel the church has no use for me because I'm single and I'm not going to become a priest. And so in my own mind, I kind of have a love-hate relationship with the Catholic church even though I'm Catholic and I can't foresee any circumstance that would cause me to convert. I don't know if that's actually—I don't know if I actually answered that question, but something in that question brought that out.”

Romance definitions: And then romantic attraction is more like an emotional thing, where I'd want to talk to that person. I want to spend time with that person is the way I understand it. But then it kind of gets complicated because, I mean, you can want to spend time with someone, talk with them as a friend, and not necessarily romantically. And like some people can touch, like cuddling, but don't consider it sexual. And then

some people can like the way you look, aesthetically appealing, but then not have other forms of attraction. So it's kind of blurry. But I think one of the—it's not a good definition, but it's a simpler, is just basically sexual attraction is who you'd like to sleep with and romantic attraction is more like who you'd want to date, even if you weren't necessarily sleeping with them. And that definition is really vague and has a lot of flaws and problems, but it's something that's kind of simpler to differentiate."

Sexual definitions: "I think I would personally define anything, any sexual activities, anything involving genitals. Yeah I think that pretty much—or anything I guess that causes arousal."

Sexual experiences: "And it was always just sort of like uncomfortable and like, awkward, sort of unpleasant. And I was like, 'What's going on with that?' So I don't know. And like if I was ever going to do that again, it would have to be with someone who I was really comfortable with because like a lot of the awkwardness and unpleasantness, like if I was really close to someone and really comfortable talking to them about those things, like it wouldn't have been so bad. But like when you're young, it's not really a thing that you're like—you're not really good at communicating with your partner. So like I was like trying to handle it all on my own and like communicating anything [inaudible]. It was really hard."

Social difficulties: "Like I don't really go out. I don't like going to bars. I am terrible at drinking. I am so bad at it. I don't like parties. I sort of realized that subconsciously, biologically, the purpose of every creature on this earth is to make more of itself from an evolutionary standpoint. And whether we're aware of it or not, often our behaviors are to attract the opposite sex for the purpose of procreation. It's sort of not normal to think of

that in terms of society these days because we can pick. But someone said to me when women wear makeup and dress up, it's not to seduce men. It's to compete with other women to get the most attractive mate. And so I think that a lot of social activities like that, a lot of people think the goal is to hook up, that the whole goal is to take some chick back with you or meet your wife at a bar or something. So I sort of don't want to participate in these sort of things because I feel like everybody in there is sort of, even if they're not aware of it, they may be involuntarily looking for that."

Societal messages about sex: "Well, I mean I can see because of social movements in the past and all that, there is kind of a tug-of-war between conservative views where you should stay pure, where you should only have sex after you're married, stuff like that, along with all the people rebelling against that, that are saying, no, sex is good, sex is fine, you should have it with whoever you want and I consider myself very sex-positive, and I think that people should be free to have sex with who they want, and, you know, not be stuck in traditional paths of thought. But with that said, there's a lot of, like I was saying, milestones in culture—you're first kiss, the first person you fall in love with, the first time you have sex, when you get married, when you have your first kid, stuff like that, that are all very important milestones in how people grow up and in how they mark their transition from one period of life into another. And, when your first kiss is meaningless and you don't care about sex or the first time you have it, when you're not interested in getting married or having kids, then there aren't those milestones. And so, that's a certain way that you can't connect to the other people around you, because, you know, maybe they'll be sharing stories about their first time or notable events in their life

that are centered around sexuality in some way, and, it's just not something that's a meaningful narrative at all."

Stigma: "The thing that I found so frustrating through everything I've dealt with, just you say you're asexual and people, their first response is something like, 'You haven't met the right person. You must be gay. You must have had issues as a child. You must be overly religious.' Some of the more interesting ones I've heard. 'Well, you just know how to treat a lady because you have a sister and you can't imagine having sex with your sister.'" Huh? So it's just the lack of understanding, it would be nice if there was just a little more understanding."

Unwanted sex: "Well, I mean, it depends on how you define pressure, right. Like I was certainly curious and I like—it wasn't ever like a consent thing. Like it's definitely—it wasn't nonconsensual. But like you know, like, it was a thing that like it wasn't working for me and I didn't know really why it wasn't working for me. And so like it became this thing where like I really wanted it to work for me, but it didn't work for me. And then there like a lot of—that was really difficult to deal with like because I didn't have any context for like what that might mean or like what I was supposed to do about it or anything. And so like that was like sort of where—and you could call that pressure, I guess, right. But it was more just like I had all these like preconceived notions and then they all like worked. So I guess it was sort of societal pressure or expectations or something. But like I don't know. You know, it was one of those things."

Workplace: "Yes, its enabled me to work much longer hours. I work 10 hours a day. 9am-7pm. Being in a relationship greatly complicates having those kind of hours, that

was one of the main factors, in...I guess you could turn that around, has my career caused my asexuality?"

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