

## Defining Asexuality Into (Or Out Of) Its Radical Potential

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*Abstract:* Academic work has largely defined asexuality as lifelong lack of sexual attraction. Considering the psychiatric diagnosis of Hypoactive Sexual Desire Disorder (HSDD), this definition is politically safe. It clearly distinguishes between a) “real” asexuals whose embodied experiences should be respected and left intact), and b) “real” HSDD sufferers who should be “fixed” through clinical intervention. However, this distinction conceals other normatively unacknowledged embodied asexualities, and avoids questioning why people (especially women) are distressed about not wanting sex, in a context of compulsory sexuality. Social change challenges HSDD's claim on the bodies and minds of asexuals and women.

For those of us who want to convince people that asexuality is a legitimate way of being, and not a mental disorder to be cured, the “no sexual attraction” definition of asexuality is convenient. Overwhelmingly, academics studying asexuality use this definition too. Effectively beginning the academic study of asexuality as we understand it today, Anthony Bogaert defined asexuals as people who reported having never experienced sexual attraction to either women or men.<sup>1</sup> Bogaert positioned asexuality as nonpathological by distinguishing between asexuality (lack of sexual attraction), and lifelong Hypoactive Sexual Desire Disorder (HSDD) (lifelong absence of desire for sexual activity).<sup>2</sup> Not surprisingly, this definition persists, with researchers continuing to draw on the long-term/not-even-once aspect of this lack of sexual attraction (e.g., Lori Brotto and Morag Yule, and Karli Cerankowski and Megan Milks).<sup>3</sup>

Regardless of anyone's intentions, the never-having-experienced-sexual-attraction definition of asexuality implicitly divides people who do not experience sexual desire into two categories: 1) asexuals who have always been without sexual desire and who are therefore happily free of sexual

desire and who therefore should be accepted as “asexual” and left alone by the psychiatric establishment; and 2) non-asexual people who, for some reason, lose their sexual desire and are therefore in distress, and who are therefore “legitimate subjects” for psychiatric/psychological “treatment to cure” HSDD. This asexuality definition exists in the context where asexuality is routinely paired with discussions of the DSM diagnosis of HSDD and—as a definition—has the effect of defining asexuality as potentially nonpathological without challenging the psychiatric institution responsible for defining and “treating” HSDD. It is fully consistent with the idea that asexuality is an inborn and unchangeable sexual orientation, which therefore should be accepted. As such, asexuality corresponds with normative, essentialist discourses of LGB (and somewhat relatedly, also T) rights. It does not challenge either psychiatric authority or essentialist discourse and so in a very literal sense it is conservative. To unpack this definition's implications, I will explore 4 archetype-characters—two that this definition implies and two that this definition conceals, namely the lifelong asexual who is upset about hir lack of sexual desire and the person who no longer experiences sexual desire but who is perfectly happy about it.

***(1) The happy lifelong asexual: “Asexy Aeron”***

Without experiencing distress, Asexy Aeron's body is generally safe from psychiatric intervention for HSDD—the only kind of person who might be beyond this intervention's reach.

***(2) The lifelong asexual who is upset about hir lack of sexual desire: “Lonely Lourn”***

Even as an asexual person, if Lonely Lourn is upset about hir low sexual desire *for any reason*, ze meets the diagnostic criteria for lifelong HSDD. This is true even though we live in a world that is often hostile to asexual people and that devalues and often refuses to recognize asexual peoples' primary relationships. Consider the analogue of “Lisa Loathe Lesbian” who is not happy about being a lesbian. Even the psychological community explicitly recognizes that it is their job to

help Lisa come to accept herself without trying to change her sexual orientation, without trying to make her straight.<sup>4</sup> Attempts to make a gay person straight are called either corrective or reparative therapy, and widely regarded by psychologists and others to be unethical. Corrective or reparative therapy enacted upon asexual people should be no different. If a person is upset about being asexual because ze lives in a world that is inhospitable to asexual people, we need to change the world, not the person. As it happens, attempts to alter lifelong HSDD have consistently proven fruitless, which has in turn led to some acceptance of lifelong asexuality.<sup>5</sup> The implication is that if a person cannot be made sexual, then ze should be accepted as asexual, and ze should come to accept himself as asexual.

***(3) The person who no longer experiences sexual desire but who is indifferent or happy about it:  
The twins “Chipper non Randy” and “Blazay non Randy”***

Both Chipper and Blazay non Randy were happily sexual at earlier times, yet they are currently perfectly content without any sexual desire. Blazay might be interested in trying to increase hir level of sexual desire, particularly because this would make things easier with hir partner, but Chipper is really enjoying hir lack of sexual desire. As it turns out, Chipper is not driven by sexual attraction to seek sexual contact. In fact, unlike hir twin Blazay, Chipper non Randy has come to self-identify as asexual and shares similar experiences with people in the asexual/ace community. Chipper is currently exploring and enjoying the world of nonsexual intimacy and is finding nonsexual relationships most fulfilling.

Neither Chipper nor Blazay non Randy would meet the diagnostic criteria for HSDD (or FSI/AD or MHSDD) unless they are romantically involved with non-asexual persons and the mismatches of sexual desire cause problems. However, in the event they partner with people who are unhappy about the lack of sexual interest, either could face a diagnosis of HSDD and/or couples’

therapy because of a mismatch in levels of desire. In that situation, Chipper and Blazay would each be expected to try to increase their levels of sexual desire through treatment—whether they wanted to or not. While Blazay might not object to this goal, Chipper would. Note that attempting to increase the level of sexual desire in someone who used to experience more sexual desire is considered by practitioners to be a reasonable therapeutic goal, and the desired outcome of increased sexual desire is considered plausible.<sup>6</sup>

Many mental health professionals or hypothetical partners may feel justified in trying to convince Chipper non Randy to undergo treatment, arguing that ze will have a happier and fuller life if ze regains hir sexual desire. The implication is that if a person can be made sexual, then ze should be made sexual, and ze should not come to accept hirself as asexual/ace. Consider the analogue of “Dana Dyke,” who now considers herself to be a lesbian, even though in years past she eagerly pursued romantic and sexual relationships with men and considered herself straight. Currently, she is attracted exclusively to other women and has no interest in forming romantic or sexual relationships with men. I imagine that, as feminists, we can agree that Dana should not have to deal with people trying to convince her to relearn to be attracted to men or to forsake her love of women for more “acceptable” relationships with men. Not valuing Chipper non Randy’s asexuality—the asexuality of people who come to asexuality later in life, or after a period of sexuality—is like only respecting “gold-star” lesbians as being authentically lesbian. It is policing so-called acceptable diversity within the asexual/ace community (or, analogously, in the lesbian community) by excluding asexuals (or lesbians) because their personal histories and experiences fail to match normative (male-typical) sexual orientation narratives (for example, “I *always* knew I was gay/different”).<sup>7</sup> This is unacceptable.

***(4) The non-asexual person who is experiencing an unwelcome but new loss of sexual desire:***

***“Gloomy non Randy”***

Gloomy is the poster child for acquired HSDD. Most mental health professionals would agree that working to increase hir level of sexual desire is the correct therapeutic approach. But why is Gloomy upset about hir decreased level of sexual desire?

Researchers acknowledge that the vast majority of people diagnosed with HSDD are heterosexual women, most of whom are engaged in romantic partnerships with men who want more sex from them. Researchers also concede that whether women consider their own sexuality to be “dysfunctional” is strongly related to social expectations and is largely unrelated to women’s everyday enjoyment of sex or their own sexuality. Since the emergence of Viagra, the pharmaceutical industry has been searching for an equivalent drug to sell to women, resulting in the medicalization of women’s sexuality, the invention of female sexual dysfunction (which consists primarily of HSDD), and attempts to construct women’s sexuality as pathological by definition, for example, by claiming that “HSDD may affect all women” at some point in their lives.<sup>8</sup>

Furthermore, social pressures—compulsory heterosexuality, expectations within long-term monogamous relationships, and so on—govern sexual desires and prescriptions for sexual desires. Feminist researchers have long known that expectations governing female (hetero)sexuality can be so strong that women routinely agree to unwanted sexual contact (with men) even in the absence of direct pressure from a partner. The reasons are complex and varied: to please a partner; to avoid negative reactions from a partner; because she feels she owes her partner sex, etc.<sup>9</sup> Some women undoubtedly feel distressed that they do not desire sex as frequently as they feel they are expected to in long-term romantic partnerships or that they do not desire sex when their partner does. Moreover, we know that women agree to have sex they do not want under diverse circumstances that are sometimes coercive or violent, for example, to avoid verbal harassment or violence including rape,

that could occur as a result of refusing sex.<sup>10</sup> Unquestionably, many women feel that those situations could be prevented if they simply wanted more sex. Men too face various expectations governing sexual desire, including the expectation that “real men” are “always up for it.”<sup>11</sup>

Thus, Gloomy non Randy might be upset about hir level of sexual desire but ze is not feeling that distress in a vacuum. Sure, changing Gloomy's level of sexual desire might make hir feel better, but so would changing the context telling hir to feel badly in the first place. Even if increasing Gloomy's level of sexual desire is, after careful consideration and a thorough process of Gloomy's informed consent, a desired therapeutic goal, it should not be the only one. Just like Lonely Laurn, Gloomy non Randy would benefit from profound social change. We need to interrogate the expectations and pressure that coerce people, especially women, to want more sexual desire. If it can be okay for asexual people to not want sex, maybe we can make it okay for anyone to not want sex. This would be a world where being sexual is no longer mandated as a prerequisite of normalcy or intimacy and where nonsexual relationships are recognized and valued. It would be a world without sanctions against not wanting sex—where sex is no longer an obligation or a commodity that is owed. This would be a world where no level of sexual desire is pathological and where the social emphasis is on sexuality being self-affirming in whatever unique form it takes including possibly none at all. When nobody is made to feel that they *should want to want* more sex, I suspect fewer people—of any sexual desire level—would be eager to increase their levels of sexual desire. Psychiatric intervention for HSDD would effectively disappear.

The stories of Lonely Laurn and Chipper non Randy illustrate an ideological position predicated on sexualnormativity that people rarely articulate explicitly: *if someone can be made sexual, ze should be made sexual; but if this is not possible, then we should accept hir as asexual and help hir to accept hirself as such.*<sup>12</sup> Or, in other words, *being sexual (or non-asexual) is better*

*than being asexual.* This assumptive form has a familiar feel—debates over LGB rights have centered around whether being lesbian/gay/bi is inborn or chosen for the very reason that society accepts the heteronormative conditional—that if someone can be made straight, ze should be and should be granted rights only because ze cannot help being lesbian, gay, bisexual. However, engaging in this kind of argument accepts the superiority of heterosexuality in ways that many of us find unacceptable. People should be accepted and granted human and civil rights because they are people, not because they cannot be made “more legitimate” people. Analogously, the Asexy Aeron versus Gloomy non Randy definition of asexuality preserves the superiority of being sexual. This perspective allows being sexual to retain its unchallenged superiority even while awareness of asexuality spreads. It is therefore profoundly conservative. As feminists, asexuals, and allies, we need to think about what kinds of oppressive assumptions we are willing to accept in pursuit of our goals, and whether we are making compromises that are ultimately counterproductive or unacceptable. We will likely all reach different conclusions, but those are conclusions we need to reach consciously, through careful and critical deliberations.

Over the past few years, asexuality visibility work, following along the familiar lines of sexual orientation politics, has spread awareness of asexuality’s existence. As the sexual/non-asexual world started to learn about asexuality, the picture of the “real” asexual filled out, in contrast to other asexuals who cannot be rightly articulated and who are therefore somehow less legitimate. The “real” asexual is the person who gets to be believed and accepted as asexual. The “real” asexual, as we might learn from the cookie-cutter articles and television interview clips, has always been asexual, is well adjusted, and has no history of experiencing sexual violence or abuse. The “real” asexual is probably either straight or aromantic, or occasionally bi, and has a typical and binary gender identity, although ze may be acceptably tomboyish as a young woman. The “real” asexual is

happy, socially outgoing, and not dealing with any mental health issues. The “real” asexual does not have a fetish, is not overly disgusted with sex, is old enough to have tried to be sexual without success, and does not have a hormonal imbalance or other physical condition that could be changed in order to become a sexual person. The “real” asexual also is attractive enough that people believe they could find a sexual partner if they wanted one, and also has no physical condition that would make sex physically difficult or “unseemly” in an ableist society. In other words, the “real” asexual has all the characteristics of the ideal sexual person but is simply unable to be sexual and, therefore, should be accepted as asexual. The people featured publicly as “real” asexuals are typically also white, well educated, articulate, and comfortably middle or upper-middle class.

We have reached a place where it is now acceptable for some adults to be uninterested in sex and sexual relationships, and not to be subject to psychiatric/psychological intervention because of it. Unfortunately, this limited acceptance legitimizes the push to pathologise disinterest in sex for everyone other than so-called “real” asexuals. This is detrimental to asexuals as a group, and to women generally (asexual and otherwise). We can never accomplish real social change if we refuse to challenge the hierarchical assumptions supporting existing oppressive institutions. Nobody has sexual freedom until we are all free to feel sexual or not however that suits us—to want sex or not—free from coercion. Many asexuals have been, and will continue to be, exploring the radical potential of our politics and existence, both for asexuals of all genders and for women of all sexual orientations. It is high time that academics join us.

NOTES



- <sup>1</sup> Anthony Bogaert, "Asexuality: Prevalence and Associated Factors in a National Probability Sample": 279-281.
- <sup>2</sup> Anthony Bogaert, "Toward a Conceptual Understanding of Asexuality," *Review of General Psychology* 10, no. 3 (2006): 244.
- <sup>3</sup> See Kristen Scherrer, "Asexual Identity: Negotiating Identity, Negotiating Desire," *Sexualities* 11, no. 5 (2008): 621–41; Mark Carrigan, "There's More to Life Than Sex? Difference and Commonality Within the Asexual Community," *Sexualities* 14, no. 4 (2011): 462–78; Lori A. Brotto, Gail Knudson, Jess Inskip, Katherine Rhodes, and Yvonne Erskine, "Asexuality: A Mixed-Methods Approach," *Archives of Sexual Behavior* 39, no. 3 (2010): 599–618; and Stephanie B. Gazzola and Melanie A. Morrison, "Asexuality: An Emergent Sexual Orientation," in *Sexual Minority Research in the New Millennium*, ed. Todd G. Morrison, Melanie A. Morrison, Mark A. Carrigan, and Daragh T. McDermott (Hauppauge, NY: Nova Science Publishers, 2011).
- <sup>4</sup> B. S. Anton, "Proceedings of the American Psychological Association for the legislative year 2009: Minutes of the annual meeting of the Council of Representatives and minutes of the meetings of the Board of Directors," *American Psychologist* 65 (2010): 385–475, doi:10.1037/a0019553, <http://www.apa.org/about/policy/sexual-orientation.pdf>.
- <sup>5</sup> Keith A. Montgomery, "Sexual Desire Disorders," *Psychiatry* 5 (June 2008): 50–55.
- <sup>6</sup> Gerald R. Weeks, Katherine M. Hertlein, and Nancy Gambescia, "The Treatment of Hypoactive Sexual Desire Disorder," *Journal of Family Psychotherapy* 20, no. 2 (2009): 129–49.
- <sup>7</sup> Feminists interested in women's personal accounts of themselves and their sexual identities have long established that the "early onset, feels immutable" narrative of lesbianism is only one of several dominant narratives for women, even though this may be the prevailing narrative for men. Carla Golden discusses several dominant narratives of lesbianism in "Diversity and Variability in Women's Sexual Identities," in *Lesbian Psychologies*, ed. Boston Lesbian Psychologies Collective (Chicago: University of Illinois Press, 1987), 19–54.
- <sup>8</sup> See Thea Cacchioni, "Heterosexuality and the 'Labour of Love': A Contribution to Recent Debates on Female Sexual Dysfunction," *Sexualities* 10, no. 3 (2007): 299–320; Paula Nicholson and Jennifer Burr, "What is 'Normal' About Women's (Hetero)sexual Desire and Orgasm? A Report of an In-depth Interview Study," *Social Science and Medicine* 57, no. 9 (2003): 1735–45; Heather Hartley, "The

‘Pinking’ of Viagra Culture: Drug Industry Efforts to Create and Repackage Sex Drugs for Women,” *Sexualities* 9, no. 3 (2006): 363–78; and Sheryl A. Kingsberg, James A. Simon, and Irwin Goldstein, “Current Outlook for Testosterone in the Management of Hypoactive Sexual Desire Disorder in Postmenopausal Women,” *Journal of Sexual Medicine* 5, suppl. 4: (2008): 183.

<sup>9</sup> Lucia F. O’Sullivan and Elizabeth Rice Alligeier, “Feigning Sexual Desire: Consenting to Unwanted Sexual Activities in Heterosexual Dating Relationships,” *The Journal of Sex Research* 35, no. 3 (1998): 234–43; and Sarah A. Vannier and Lucia F. O’Sullivan, “Sex Without Desire: Characteristics of Occasions of Sexual Compliance in Young Adults’ Committed Relationships,” *Journal of Sex Research* 47, no. 5 (2010): 429–39.

<sup>10</sup> Laina Y. Bay-Cheng and Rebecca K. Eliseo-Arras, “The Making of Unwanted Sex: Gendered and Neoliberal Norms in College Women’s Unwanted Sexual Experiences,” *Journal of Sex Research* 45, no. 4 (2008): 386–97; and Nicola Gavey, *Just Sex? The Cultural Scaffolding of Rape* (New York: Routledge, 2005).

<sup>11</sup> Charlene L. Muehlenhard and Steven W. Cook, “Men’s Self-Reports of Unwanted Sexual Activity,” *The Journal of Sex Research* 24, no. 1 (1988): 58–72.

<sup>12</sup> Andrew Hinderliter originally coined the term *sexualnormativity* in his blog entry “Lexicon Fail,” *Asexual Explorations Blog*, January 3, 2009, <http://asexystuff.blogspot.com/2009/01/lexicon-fail.html>. I define sexualnormativity elsewhere more explicitly: “Analogous to heteronormativity which positions heterosexuality as the universal and privileged way of being, normalized and socially supported, sexualnormativity positions sexuality as the universal and privileged way of being, which is both normalized and socially supported. Sexualnormativity includes the assumption that people are sexual unless otherwise specified, in addition to the ideological paradigm in which asexuality needs to be explained and possibly treated clinically, while sexuality is merely and often invisibly presumed to be normal.” Chasin, “Theoretical Issues,” 719.