Reconsidering Asexuality and Its Radical Potential

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For the asexual community, asexuality is a matter of self-identification: it is defined as a lack of sexual attraction combined with one's identification as asexual. Such a definition is certainly circular, but it functions as a way for the asexual community to explain asexuality to non-asexuals—that asexuals are people who do not experience sexual attraction—while simultaneously allowing people to decide for themselves their membership in the asexual community.[1] When I first discovered the asexual community years ago, it was not a definition of asexuality per se that struck me or led me to call myself asexual; it was the incredible sense that these people—members of the asexual community—sounded like me. Academic research, in contrast, has largely defined asexuality as a lifelong lack of sexual attraction and in doing so has positioned asexuality in line with essentialist discourses of sexual orientation. This has had the impact of allowing people to argue that asexuality should be seen as nonpathological, by distinguishing it from the psychiatric diagnosis in the Diagnostic and Statistical Manual of Mental Disorders (DSM) of Hypoactive Sexual Desire Disorder (HSDD)—defined as low sexual desire accompanied by marked distress or interpersonal difficulties—without challenging either the diagnosis or the psychiatric institution governing it.[2] However, as I discuss below, this politically safe essentialist definition of asexuality is problematic because it establishes a binary opposition

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between people who should be accepted as asexual and people who are "legitimate" subjects of psychiatric intervention for low sexual desire. Mindful that the diagnosis and treatment of HSDD routinely acts as a medicalizing, regulatory force governing (primarily heterosexual) women's sexuality, it is crucial to unpack the "safe" definition of asexuality and the binary it supports. In this article I offer a critique of the (typically) invisible sexual ideology that is ultimately harmful both to asexuals (of any gender) and to women (of any sexuality).

Asexuality is generally understood to coincide with a lack of desire for partnered sexual contact. While asexual communities and resources are burgeoning in the online world and, asexual voices are proliferating through networks of blogs and microblogs such as Twitter and Tumblr, the single largest and most well-known element of the large asexual community is the Asexual Visibility and Education Network (AVEN). Founded in 2001 in the context of other fledgling asexual online spaces, AVEN adopted an attraction-based definition of asexuality in order to be inclusive of all self-identified asexuals.[3] Attraction-based asexuality definitions are now widely used throughout the asexual community wherever explicit definitions are visible, whether on websites promoting activist/visibility asexuality organizing, peer-based asexual advice/support microblogs, or single-author asexual blogs. Most of these asexual spaces, whether blogs, informational websites promoting academic study of asexuality, or asexual dating sites, do not define asexuality explicitly but instead simply direct people to the content on AVEN's website.[4] Despite a clear and widely accepted definition of asexuality as a lack of sexual attraction, it is evident from writing and other forms of self-expression by asexuals—on forums, in zines, in blogs, or in other formats—that diverse asexuals derive different meaning from being asexual and that there is considerable nuance of variation in how to be part of the asexual community. For example, self-identified gray-asexuals and demisexuals typically experience some sexual attraction in certain situations and may not consider themselves strictly asexual, but they are nevertheless important members of asexual communities.[5] Some people prefer the term *ace* (a phonetic abbreviation of asexual) as a more inclusive alternative to the term *asexual*; however, others do not feel represented by this colloquialism.[6] For this reason, I will henceforth refer to the diverse community of people on the asexual spectrum as

the *asexual/ace* community. Most people on the asexual spectrum do experience romantic attraction that is usually directed toward people of specific genders and identify as straight, lesbian, gay, and biromantic asexuals. Still, aromantic asexuals (those who do not experience romantic attraction toward anyone) should not be overlooked, not least because of their unique subcultural products, such as the meme *Aromantic Aardvark*, which features a standard image of an aardvark captioned with various user-generated phrases of aromantic content.[7] While some asexuals do experience an undirected sex drive, assuaged through masturbation, it is very common for asexuals to experience little or no sexual desire.[8] I have met a number of asexuals and gray-asexuals who regard their own asexuality as primarily being about a disidentification with sexuality (that is, a strong sense of being *not sexual* or *nonsexual* as opposed to being *sexual*), yet I have also encountered others who do not share this disidentification. For some members of asexual/ace communities, asexuality is primarily about a positive identification with other people on the asexual spectrum and with asexual/ace subculture (that is, a strong sense of being *asexual/ace* as opposed to *non-asexual*). For me, being asexual is about both.

Asexuals are comparatively rare, and we are therefore unlikely to encounter many other asexuals in our daily lives, especially since we are difficult to identify publicly—we are not marked by purple *A*s, although some of us do wear black rings on our right middle fingers. For this reason, many romantically inclined asexuals pursue romantic relationships with non-asexual people. As might be expected, asexual/non-asexual couples face exaggerated discrepancies between each partners' level of sexual desire. Because public knowledge of asexuality is limited and acceptance of asexuality is tenuous at best, asexual/non-asexual couples seeking support are realistically only likely to find it within asexual/ace community spaces. One of the most active resources for asexual/non-asexual couples remains AVEN, which dedicates an entire section of its forum to non-asexual partners, friends, and allies of asexual people.[9] Generally, the broad asexual/ace community encompasses enormous diversity, and many active members aim to foster a positive and inclusive environment for diverse asexuals and allies alike. For years (although this is beginning to change), the limited public (largely non-asexual) attention to asexuality has come in the form of US talk show or newspaper psychologists very

publicly criticizing the asexual/ace community for being too accepting.[10] The warning is clear: acceptance within the asexual/ace community might dissuade (sexual) people with low sexual desire from seeking treatment and being "cured."

Anthony Bogaert authored the first two academic articles about asexuality in the context of what asexuality means today.[11] In his inaugural paper, Bogaert defined asexuals as people who reported having never experienced sexual attraction to either women or men.[12] His findings, based on a large-scale national probability sample of a survey aimed at assessing sexual behavior in the context of AIDS and HIV, revealed that just over 1 percent of the British population was asexual. Bogaert maintained this definition, positioning asexuality as nonpathological by distinguishing between asexuality, which he characterized by a lack of sexual attraction—erotic thoughts or fantasies directed at other people—and lifelong HSDD, which is defined primarily by a lifelong absence of desire for any kind of sexual activity, partnered or not.[13] Some recent work on the topic of asexuality avoids explicit definitions of asexuality by recruiting people who self-identify as asexual and by studying aspects of asexuality other than how to define it (while illustrating a critical awareness of asexuality definitions adopted in the past). Other research has confirmed that self-identified asexuals define asexuality in terms of lack of attraction when they are addressing non-asexual researchers. Not surprisingly, the attraction-based definition of asexuality, inspired by Bogaert, still persists, with researchers continuing to draw especially on the long-term/not-even-once aspect of this lack of sexual attraction.[14] For example, Lori Brotto and Morag Yule define asexuality as a "lifelong lack of sexual attraction." Similarly, Karli Cerankowski and Megan Milks define asexuals, that is, the focus of asexuality studies, as "those who do not experience sexual desire and are not distressed by this supposed 'lack'" in contrast with non-asexual people "who experience a *decrease* in sex drive or lack of sexual desire and are distressed by this" (emphasis added).[15] I would like to refer to the deployment of these various "lifelong" asexuality definitions in order to illustrate a larger asexual/feminist issue at play in the current political climate.

Regardless of the intentions of anyone who adopts it, the never-having-experienced-sexual-attraction definition of asexuality implicitly divides people who do not experience sexual desire into two

categories: asexuals who have always been without sexual desire and who are therefore happily free of sexual desire and non-asexual people who, for some reason, lose their sexual desire and are therefore in distress. The juxtaposition presumes not only that asexuality is a lifelong phenomenon but, more importantly, that only non-asexuals experience distress over a lack of sexual desire (or that the asexuality of those who do experience distress is therefore pathological). This 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 nonpathological (or at the very least 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. In another article, I discuss how asexuality researchers have implicitly conceptualized asexuality in terms of a sexual orientation-type category, that is, completing the plane defined by two axes of gender-based attraction, where the other three quadrants are heterosexual, homosexual, and bisexual.[16] The conceptualization of asexuality as a sexual orientation (or lack thereof) engenders an implicit understanding of asexuality as a relatively stable and typically lifelong trait; thus sexual orientation discourse is framed in essentialist terms. Kristen Scherrer discusses this kind of discourse in the narratives of asexual-identified people, although she does not discuss what purpose this essentialism could serve.[17] Others have discussed how arguing from essentialist positions can lead strategically to short-term gains that are ultimately counterproductive because they rely on, and ultimately perpetuate, the very hierarchical social organization that inspired the need for social change to begin with. Essentialist arguments about sexual orientation, for instance, contribute to "the naturalising of heterosexuality, reproducing the privileged status of heterosexuality and the marginal status of everything else."[18]

The definition of asexuality cited above is the politically safe one that has been used pervasively in order to gain recognition and acceptance for asexual people. For the simple reason that it does not challenge either psychiatric authority or essentialist discourse (that

is, it conserves the power relationships endemic in the situation), this definition is, in a very literal sense, conservative. I do not fault asexuality researchers (or even advocates) for choosing it, and I acknowledge that there are times when this kind of safe political move can be of strategic importance or perhaps a necessity. But there is a larger, less woman-friendly cultural agenda at work here that needs to be exposed: namely *why* this safe, conservative definition is helpful in the first place. People unfamiliar with asexuality generally put up little resistance when faced with this safe definition because it does not challenge any fundamental assumptions or ideologies about human sexuality and may even strengthen them—rare lifelong asexuals support the notion that most people are, have always been, and will always be sexual. What troubles me is that this retreat into conservatism—the willing deployment of a definition of asexuality that skillfully avoids challenging dominant ideologies—is something that generally goes unremarked in academic contexts (although reflections on this topic are not uncommon within asexual/ace spaces). Even in an explicitly feminist academic context (for example, Cerankowski and Milks's article in this journal), this definition apparently does not require an explanation. To be clear, it is not a problem that Cerankowski and Milks adopt this definition, nor is it a problem per se that they adopt it without acknowledging this move—as others writing about asexuality have done in the past and will continue to do in the future. However, it is a problem that it *makes sense* for anyone to adopt this definition without any explanation. In order to deconstruct this situation, I would like to take a closer look at the two archetypes implicated in the above definition of asexuality and another two archetypes that are eclipsed by this theoretical configuration.

The first archetype is the lifelong asexual who is happy about being asexual, and the second is the non-asexual person currently lacking sexual desire who is not happy about being nonsexual. These archetypes differ along two dimensions: how long the individual has been without sexual desire and whether the individual is distressed about hir lack of sexual desire.[19] These two characteristics are paired in a particular way and tailored to the current political climate. Specifically, it is safe to argue that HSDD diagnosis and treatment should not be imposed on one (the happy lifelong asexual) but should instead be used to help the other (the sexual person who is experiencing an

unwelcome but temporary loss of sexual desire). However, there are two types of people who remain unacknowledged, 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. I would like to consider these four archetypes individually, through a cast of hypothetical people who personify different ways of being nonsexual. My characters personify otherwise ineffable ideas, and their stories light-heartedly illustrate divergent asexual/ace experiences that are too often overlooked.

(1) The happy lifelong asexual: "Asexy Aeron"

I am not aware of anyone who would suggest that Asexy Aeron should be hauled into the office of a mental health professional against hir will, diagnosed with HSDD, and given treatment in the goal of increasing hir sexual desire. Technically, according to the DSM-IV-TR (but not the DSM-5) diagnostic criteria, if Asexy Aeron is romantically involved with a sexual person and the mismatch of sexual desire levels causes *interpersonal difficulties*, then Asexy Aeron *could* be diagnosed with HSDD. In practice, I have to believe that this is highly unlikely, and many, if not most, mental health professionals would argue against Asexy Aeron being diagnosed with HSDD under those circumstances.

(2) The lifelong asexual who is upset about hir lack of sexual desire: "Lonely Laurn"

If Lonely Laurn is upset about hir low sexual desire, ze meets the diagnostic criteria for lifelong HSDD or the gendered DSM-5 equivalent of Female Sexual Interest /Arousal Disorder (FSI/AD) or Male Hypoactive Sexual Desire Disorder (MHSDD)—even if ze does not experience sexual attraction. Many psychologists would recommend that ze be diagnosed and treated in an attempt to increase hir level of sexual desire, although others would disagree. Note that there are diverse and varied reasons why Lonely Laurn might not be happy about being asexual and experiencing low sexual desire. 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.[20] Attempts to make a gay person straight are called either corrective or reparative therapy and widely regarded by psychologists and others to be unethical. The days of "ego-dystonic homosexuality" (that is, the clinical, psychiatric diagnosis once applied to people who were lesbian or gay and distressed about their sexual orientation) are behind us, and, as feminists, we would never stand to let them return. Corrective or reparative therapy enacted upon asexual people and a diagnosis for ego-dystonic asexuality 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.[21] The implication is that if a person cannot be made sexual, then ze should be accepted as asexual, and ze should come to accept hirself 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. In fact, Chipper non Randy is an example of someone who was swayed toward accepting hir newfound asexuality and away from any desire to be "cured" of it through the asexual/ace community's acceptance. 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.[22]

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").[23] This is unacceptable.

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

Unlike hir less troubled cousins who have also lost their sexual desire, Gloomy is upset about hir new lack of sexual desire. Gloomy meets the diagnostic criteria for HSDD (or FSI/AD or MHSDD) and in fact could be the poster child for acquired HSDD. Most mental health

professionals would agree that working to increase hir level of sexual desire is an appropriate therapeutic approach—the correct therapeutic approach. This appears to be a straightforward situation; however, before giving my two thumbs up, I would like to consider why Gloomy might be 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.[24]

This is further complicated by the medicalization of depression in a context where many of the drugs available for the treatment of depression have sexual side effects, which could in turn be treated with other medications. Moreover, women are twice as likely as men to be diagnosed with depression, even though it has long been established that women are not more likely than men to show characteristics that are associated with greater susceptibility to depression, and furthermore, some characteristics that are thought to increase someone's vulnerability to depression do not actually correlate with manifestations of depression for women.[25] This perspective that psychiatry might be medicalizing women's experiences—while pathologizing women for failing to conform to male-defined norms—cannot be ignored given the suspicious alignment between ideals of femininity and stereotypes of (married) women on the one hand and ideas and stereotypes about people with depression on the other.[26] Historically, the medicalization of women's mental health in the twentieth century has largely focused on depression, as white, US, middle-class, married women in the late 1950s and early 1960s sought help for "the problem with no name" and were in return permitted a voice to express their distress in safely depoliticized ways, that is, as personal

suffering; as a result, women were offered drugs instead of social critique/social change.[27]

Currently, selective serotonin re-uptake inhibitors (SSRIs)—standard in the pharmaceutical treatment of depression (and more recently in the treatment of so-called premenstrual dysphoric disorder)—are more often prescribed to women than men, and their marketing is largely aimed at constructing women's misery (that is, in reaction to married life, unsatisfying or violent heterosexual relationships, material conditions of womanhood including lack of accessible childcare, and so on) as a clinical disorder of depression needing a chemical cure.[28] Public health authorities, such as the UK's National Institute for Health and Care Excellence (NICE),[29] continue to endorse antidepressants and SSRIs in particular to treat depression, though these recommendations are largely based on factors beyond the drug's effectiveness such as the prohibitively high costs of nonmedical treatments.[30] Yet it is now clear that SSRIs and other antidepressants (such as the now-popular SNRIs—serotonin-norepinepherine re-uptake inhibitors) have considerable sexual side effects, namely, profound reduction in sexual desire that affects somewhere between 36 percent and 70 percent of people who take them—a much larger percentage than the 2 to 16 percent reported in pre-market trials.[31] Pharmaceutical companies are making considerable profits from medically packaging women's experiences in a patriarchal context as individual women's pathologies, selling chemical "cures" that have side effects such as decreased sex drive, which can in turn be repackaged as "female sexual dysfunction" and, hence, "curable" through the sale of yet more drugs.

Furthermore, social pressures—compulsory heterosexuality, expectations within long-term monogamous relationships, and so on—govern sexual desires and prescriptions for sexual desires: desires are not only forbidden, but actively constructed as well, through mechanisms of social policing.[32] 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, either generally or specifically, as payment for attention or a romantic evening

out, and so on.[33] 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 that could occur as a result of refusing sex, including rape.[34] 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."[35]

Thus, Gloomy non Randy might be upset about hir level of sexual desire but ze is not feeling that distress in a vacuum. There might be more effective ways of alleviating Gloomy's distress than trying to increase hir level of sexual desire. 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. Social change can be, and has been, a therapeutic goal: recall old-school feminist interventions that included (among other things) encouraging all women, including battered women, rape victims, and incest survivors, to attend consciousness raising groups. We need to interrogate the expectations and pressure that coerce people, especially women, to want more sexual desire, just as the feminists before us, such as the early twentieth-century sexuality and birth control activists, challenged the idea that women should overcome sexual desire in order to be truly womanly. 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. 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.

Feminists have long been challenging constructions of women and women's sexuality. Within psychology and related disciplines, they have been responding for more than a decade to the increased pathologizing of women's sexuality, for example, with the formation of the New View Campaign that challenges oversimplified and distorted cultural messages about sexuality.[36] The DSM-5 features a restructuring of sexual disorders to acknowledge women's lived experiences of sexual desire that may not parallel men's experiences (for example, the prominence of so-called "receptive desire" in the diagnostic criteria, which acknowledges that for many women, sexual desire emerges as a response to contextual factors or interactions with partners and that a diagnosis of FSI/AD is only appropriate when these are also absent) and to acknowledge situational or experience-based explanations for women's low sexual desire, such as "severe relationship distress, intimate partner violence, or other significant stressors," which preclude a diagnosis altogether.[37] In short, feminists have made mainstream psychiatry acknowledge to some degree that it matters why women might experience low sexual desire. Acknowledging this fully is a goal shared by feminists and asexuals.

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.*[38] 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. Similar arguments are made for accepting trans* people on the basis that gender is inborn and cannot be changed to be aligned with physical sex when the two do not already match. However, engaging in this kind of argument accepts the superiority of heterosexuality and of being cisgender in ways that many of us find unacceptable. People should be 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.

From this construction emerges the ideal of the "real" asexual in contrast to other asexuals who cannot be rightly articulated and who are therefore somehow less legitimate. 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. 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 never been abused. The "real" asexual is probably either straight or aromantic, or occasionally bi, and has a typical gender identity, although ze may be acceptably tomboyish as a girl. 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. 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. Those of us within the asexual/ace community know which people will be most effective at convincing a skeptical audience that asexuality exists. They are not trans-identified, teenagers, or people with a history of abuse, even though most trans people, most adolescents, and most people who have been subject to abuse are not asexual. The most convincing poster child is not someone with a physical or mental disability because people with disabilities are already frequently denied a sexuality of their own.[39] Many people outside the asexual/ace community are beginning to form an idea of what "asexual" means to them. As asexuals, or as members of the asexual/ace community, if we conform, we get recognized and accepted; if we do not, we risk being dismissed as not "really" asexual, or worse, possibly

even undermining the limited recognition of asexuality that currently exists in some contexts. For example, if someone is asexual at one time, then at later time is not, some people will unfortunately conclude that asexuality is neither a potentially stable way of being nor a legitimate one. Asexuality visibility work does not generally challenge the very sexualnormativity that requires asexuality to prove its existence but merely presumes sexuality to be natural. Of course, no one's belief in heterosexuality ever seems to be undermined by a once-straight person later coming to be lesbian, gay, or bisexual—because heteronormativity (which merely presumes heterosexuality to be natural) remains without challenge.

And as a reactionary response, some asexuals might try to live up to their own concept of the "real" asexual. There have been many discussions over the past several years within asexual/ace community spaces addressing whether or not people might limit themselves and their experiences in order to avoid losing their legitimacy as asexuals. These discussions, however, have followed the very public accusations that asexuality visibility might be harming unsuspecting sexual folk. Critics of asexuality warn self-identified asexuals not to pigeonhole themselves as asexual too soon because that might prevent them from experiencing the fulfilling aspects of sexuality later in life. However, nobody seems concerned if non-asexual people pigeonhole themselves as sexual or non-asexual too soon, potentially preventing them from experiencing fulfilling aspects of asexuality and nonsexual intimacy. I can only conclude that this is because, despite claims of accepting asexuality, these people value sexuality and sexual intimacy more highly than asexuality and asexual intimacy. While we all recognize that there are some (sexual) experiences that asexual people simply do not have, few people seem willing to consider that there are equally some asexual experiences that non-asexual people simply do not have. From my perspective as an asexual person, I am no more missing out on sexuality than the non-asexual people surrounding me are missing out on asexuality. Asexuality is not less than sexuality; it is merely different—misunderstood and undervalued.

Years ago, before there was any public recognition of asexuality, there was nobody telling us we were hurting people or ourselves—quashing human potential—by insisting that we exist. When I first became involved with the asexual/ace community, nobody cared

if we existed as asexual for a brief time and then existed as something different, because nobody believed us anyway. Now, there is some conformity pressure and self-censorship, particularly regarding who should speak as an asexual in interviews and on television segments. Pressure to be a "real" asexual is about negotiating politics, the cost benefit of accepting other people's definitions of asexuality in exchange for acceptance. This pressure is promoted by people who believe that being sexual or non-asexual is superior to being asexual, and it functions as a mechanism to keep asexuals in our place, without radical intentions or impact. It functions to normalize conservative definitions of asexuality and to limit the kinds of implications we are open to considering.

Even Cerankowski and Milks, two (presumably) feminist and pro-asexual authors writing in this feminist journal, adopted a definition of asexuality predicated on an implicit assumption that being sexual is better than being asexual, and they did this in order to discuss the radical implications of asexuality to challenge this very assumption. As cited above, they defined asexuals as "those who do not experience sexual desire and are not distressed by this supposed 'lack.'" More importantly, their doing so (i.e., using a conservative definition that presumes that being sexual is better than being asexual, without acknowledging that they have done this) did not seem to be a problem in the context of their argument. Given that the authors likely would have explained their choice of definition had it been questioned by their reviewers (or anyone else who read their manuscript during its preparation), I suspect that it passed without remark. Moreover, other academics discussed here, such as Bogaert and Brotto and Morag, have made similar moves for different audiences, all without any apparent calls for explanation. Nevertheless, no matter how unnoteworthy the definition happens to be, within a sexualnormative context, it is significant. Many of us within the asexual/ace community recognize the conservative moves we are encouraged to adopt when advocating on behalf of asexuality, and many of us question them, adopt them only instrumentally, or reject them outright.

I am not suggesting that we refuse to tailor our messages to our audiences. I am learning that if we do not meet people where they are—sometimes by using a safe definition of asexuality, like Brotto and Yule or Cerankowski and Milks—then we can never hope to

change anyone's perspective; we are talking only to ourselves. Even so, we do need to think about what other agendas we might be perpetuating. 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.

The asexual/ace community has reached a place where it is now acceptable for some adults to be uninterested in sex and sexual relationships. Now, some people are permitted to escape epithets of "prude" or "repressed" on the basis that those words should not apply to asexuals. But those words should not apply to anyone. Unfortunately, this limited acceptance of asexuality legitimizes usage of those terms and the ideas behind them for all people—asexual and otherwise—who do not count as "real" asexuals. This is detrimental to asexuals as a group, and it is clearly also detrimental 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 all of us are free to be sexual (to experience a sexual subjectivity independent of sexual contact)—or not, however we feel, however it suits us, and whenever it suits us. Even if that never stops changing. It would be a shame to allow asexuality's radical potential to be defined beyond the boundaries of academic conversation, especially if we let it happen without noticing. We would be negligent to relegate these asexual/feminist discussions exclusively to nonacademic (activist) spaces. 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 sexualities. It is high time that academics join us.

Notes

1. American Psychiatric Association, "Hypoactive Sexual Desire Disorder, 302.71," *Diagnostic and Statistical Manual of Mental Disorders*, fourth edition, text revision (Washington, DC: American Psychiatric Association, 2000): 541. The asexual community emerged under the shadow of this DSM-IV-TR diagnosis of HSDD. Very recently, the American Psychiatric Association

has released the *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition (Washington, DC: American Psychiatric Publishing, 2013) with new criteria that are distinct for woman and men. Both "Female Sexual Interest/Arousal Disorder, 302.72 (F52.22)" and "Male Hypoactive Sexual Desire Disorder, 302.71 (F52.0)" feature the absence of sexual/erotic thoughts and/or desire for sexual activity, coupled with specifically personal distress. It remains to be seen how and in what contexts clinicians will continue to use the old criteria or take up the new ones.

2. For more on the apparent circularity of this two-fold definition and how the asexual/ace community came to this definition of asexuality, see Andrew Hinderliter, "Reflections on Defining Asexuality" and "Asexuality: History of a Definition" (2009) on his website http://www.asexualexplorations.net/home/articles.html.
3. AVEN founder and webmaster, David Jay, discusses the context of AVEN's creation and why an attraction-based definition was more inclusive than a desire-based one at that time in his *Love from the Asexual Underground* podcast, no. 5 "History Lesson," August 1, 2006, http://asexualunderground.blogspot.com/2006/08/5-history-lesson.html.
4. For an example of a website promoting activist/visibility asexuality organizing, see *Asexual Awareness Week*, http://asexualawarenessweek.com/whatis.html; for peer-based asexual advice/support microblogs, see *Asexual Advice*, http://asexualadvice.tumblr.com/glossary; for single-author asexual blogs, see *Shades of Grey*, http://grasexuality.wordpress.com/faq/; for an example of an asexual blog, see *Writing From Factor X*, http://writingfromfactorx.wordpress.com/about/; for informational websites promoting academic study of asexuality, see *Asexual Explorations*, http://www.asexualexplorations.net/home/stories.html; and for asexual dating sites, see *Acebook* http://www.ace-book.net/.
5. Gray-asexuals, or gray-As, are people of different experiences relating to sexual attraction and desire beyond merely not experiencing these things at all. Demisexuals are people who do not experience sexual attraction unless they are already have a strong emotional bond with someone. For more thorough definitions of gray-asexuality and demisexuality see the AVEN wiki pages: http://www.asexuality.org/wiki/index.php?title=Gray-A_/_Grey-A and http://www.asexuality.org/wiki/index.php?title=Demisexual.
6. *Ace* is a longstanding and somewhat facetious abbreviation of *asexual*, frequently deployed with symbolic images of playing cards—the ace of hearts often representing asexuals with romantic inclinations and the ace of spades for more lone wolf or aromantic types.
7. See http://aromanticaardvark.tumblr.com blog.
8. Lori A. Brotto and Morag A. Yule, "Physiological and Subjective Sexual Arousal in Self-Identified Asexual Women," *Archives of Sexual Behavior* 40, no. 4 (2011): 699–712; and Nicole Prause and Cynthia A. Graham, "Asexual-

ity: Classification and Characterization," *Archives of Sexual Behavior* 36, no. 3 (2007): 341–56.

9. See http://www.asexuality.org/en/index.php?/forum/30-for-sexual-partners-friends-and-allies.

10. Psychologist Dr. Joy Davidson is responsible for the widely cited accusation that the asexual community is too accepting and therefore potentially dangerous to unsuspecting non-asexual people—a perspective she articulated as a guest on the "Asexuality on 20/20" segment aired March 24, 2006. A discussion of Dr. Joy Davidson's infamous comments from 2006 along with her response and revised position as of late 2009—can be found at asexualcuriosities.blogspot.com/2009/12/q-with-joy-davidson-part-1.html.

11. Anthony Bogaert's paper, "Asexuality: Prevalence and Associated Factors in a National Probability Sample," *Journal of Sex Research* 41, no. 3 (2004): 279–87, is the first paper about asexuality in the sense of what asexuality means today, and the first paper about asexuality since the emergence of the asexual community. Although Myra Johnson talked about "auto-erotic" and "asexual" women in her article "Asexual and Autoerotic Women: Two Invisible Groups," in *The Sexually Oppressed*, ed. H. Gochros and J. Gochros (New York: Associated Press, 1977), she defined asexuality as not wanting either sex or masturbation. It's not clear how this understanding of "asexual" women would map onto asexuality as we understand it today—for example, the asexual/ace community explicitly doesn't distinguish between asexual people who masturbate and those who don't. And although in the 1980 article "Theories of Sexual Orientation," *Journal of Personality and Social Psychology* 38, no. 3 (1980): 783–92, Michael D. Storms theorized about the possibility of asexuality (in a two-dimensional attraction plane with four quadrants made up of heterosexual, homosexual, bisexual and asexual), asexuality was still only a theoretical possibility and a small element of the paper.

12. Bogaert, "Asexuality: Prevalence and Associated Factors": 279–81.

13. Anthony Bogaert, "Toward a Conceptual Understanding of Asexuality," *Review of General Psychology* 10, no. 3 (2006): 244.

14. 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 (Hauppage, NY: Nova Science Publishers, 2011).

15. Lori A. Brotto and Morag A. Yule, "Physiological and Subjective Sexual Arousal in Self-Identified Asexual Women," *Archives of Sexual Behavior* 40, no. 4 (2011): 699; and Karli J. Cerankowski and Megan Milks, "New Orientations," *Feminist Studies* 36, no. 3 (2010): 653.
16. CJ DeLuzio Chasin, "Theoretical Issues in the Study of Asexuality," *Archives of Sexual Behavior* 40, no. 4 (2011): 713–23.
17. Kristen Scherrer, "Asexual Identity: Negotiating Identity, Negotiating Desire," *Sexualities* 11, no. 5 (2008): 621–41.
18. Celia Kitzinger discusses the short-term benefits and general, long-term costs of adopting strategic essentialism when advocating for lesbian and gay rights in Kitzinger, "Lesbian and Gay Psychology: Is It Critical?" *Annual Review of Critical Psychology* 1 (1999): 61.
19. I, and others, use ze/hir (pronounced "zee" and "here") as common, gender-neutral alternatives to she/her or he/his that avoid reinforcing the woman/man gender binary that precludes some people's experiences, including the experiences of surprisingly many asexual/ace people. I continue to use she/her or he/his for a single individual whose gender is clear and properly represented by either female-gendered or male-gendered language.
20. 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.
21. Keith A. Montgomery, "Sexual Desire Disorders," *Psychiatry* 5 (June 2008): 50–55.
22. 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.
23. 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.
24. 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.

25. Janet M. Stoppard, "An Evaluation of the Adequacy of Cognitive/Behavioural Theories for Understanding Depression in Women," *Canadian Psychology* 30, no. 1 (1989): 39–47.
26. Some feminist critiques such as the gender-role hypothesis of depression push the association between femininity and depression further, proposing that depression *is* the internalization of women's "appropriate" (that is, middle or upper-middle class in a patriarchal context) gender roles. See Hope Landrine, "Depression and Stereotypes of Women: Preliminary Empirical Analyses of Gender-Role Hypothesis," *Sex Roles* 19, nos. 7/8 (1988): 527–541.
27. Catherine Kohler Reissman, "Women and Medicalization: A New Perspective," in *Inventing Women: Science, Technology, and Gender*, ed. Gill Kurkup and Laurie Smith Keller (Cornwall, UK: Wiley-Blackwell, 1992), 123–44.
28. Jane M. Ussher, "Are We Medicalizing Women's Misery? A Critical Review of Women's Higher Rates of Reported Depression," *Feminism and Psychology* 20, no. 1 (2010): 9–35.
29. NICE is England's governmental agency, equivalent to the FDA in the United States, which is responsible for regulating new and existing treatments and making public health guidelines and recommendations. NICE is also responsible for assessing the impact of treatments in the National Health Service (NHS)—England's government-funded public health care system.
30. Joanna Moncrieff and Irving Kirsch, "Efficacy of Anti-depressants in Adults," *British Medical Journal* 331 (July 16, 2005): 155.
31. Audrey S. Bahrick, "Persistence of Sexual Dysfunction Side Effects After Discontinuation of Antidepressant Medications: Emerging Evidence," *The Open Psychology Journal* 1 (2008): 42–50.
32. This is, of course, Michel Foucault's oft-cited thesis first presented in *The History of Sexuality. Volume 1: An Introduction*, trans. Robert Hurley (New York: Vintage Books, 1990).
33. 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.
34. 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).
35. 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.

36. Leonore Tiefer, "The New View in Activism and Academics Ten Years On," *Feminism and Psychology* 18, no. 4 (2008): 451–56.

37. American Psychiatric Association, "Sexual Interest/Arousal Disorder in Women, 302.72 (F52.22)," *Diagnostic and Statistical Manual of Mental Disorders,* fifth edition (Washington, DC: American Psychiatric Publications, 2013): 433.

38. 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.

39. Eunjun Kim has explored some of the situated complexities of narratives at the intersection of asexuality and disability, focusing on the unique struggles for acceptance faced by asexuals with disabilities. Kim, "Asexuality in Disability Narratives," *Sexualities* 14, no. 4 (2011): 479–93.