



You Have to be Normal to be Abnormal: An Empirically Grounded Exploration of the Intersection of Asexuality and Disability

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Abstract

This article explores the intersection of asexuality and disability by means of a qualitative study with asexual-identified disabled persons. The article discusses the ways in which the asexual community is normatively constructed. Although figured as disabled-friendly, the findings suggest that this is conditional on the denial of any causal links between asexuality and disability, and that this can be thought of in terms of the construction of the ‘Gold Star’ asexual. The article also examines how coming to identify as asexual is constrained when one is already marked as ‘disabled’, and more broadly argues that alternative identities or orientations are reliant on a pre-existing ‘normality’. Looking at asexuality in tandem with disability also allows us to interrogate the asexual subject of existing asexuality research and writing, and uncover the implicit privileges being assumed.

Keywords

asexuality, disability, disability and sexuality, identity, intersectionality, normality

Introduction

In the past decade or so, ‘asexuality’ has begun to coalesce as a sexual subject position and form of self-identification. Consequently, sociologists are now beginning to explore this phenomenon (Carrigan, 2011; Scherrer, 2008; Scott and Dawson, 2015). However, a properly intersectional engagement with asexuality has yet to materialise; instead, the focus has been on asexuality as a single axis of identity with little consideration of social

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relations of gender, 'race', class and disability. Within disability studies and disability activism, there has also been an increased recognition in recent years of *sexuality* as an issue of social and political justice (Shuttleworth, 2007). Asexuality appears occasionally within this literature, but only as an oppressive mantle to be shrugged off, rather than as a form of self-identification, and/or as a sexual orientation. Meanings and constructions of 'asexuality' and 'disability' have been, and continue to be, bound closely together – for example, (hetero)sexuality has often been viewed as contingent on able-bodiedness (Kafer, 2003) and, within the paradigms of medicine and psychiatry, a 'lack' of sexual desire or attraction has been pathologised and seen as a cause for therapeutic intervention (Flore, 2013). However, there has been little to no contact between these two bodies of literature. One exception is in the work of cultural theorist Eunjung Kim (2010, 2011), who argues that this lacuna has led to the academic and activist erasure of disabled persons who *do* actively identify as asexual. However, Kim's work – whilst usefully opening up this discursive terrain – is lacking in empirical sociological engagement, and nor has the argument advanced beyond this in recently published work (Lund and Johnson, 2015). This article attempts to fill this gap by providing the first empirically grounded discussion of this intersection of asexuality and disability (and to a lesser extent gender and 'race'), and in doing so, expand, complicate, and draw closer together the literature on asexuality and disability. After locating and defining asexuality, and situating my research within the existing literature, I go on to discuss three key themes that arose from my data: how the asexual community¹ is discursively constructed in terms of disability; the question of 'linking' asexuality and disability; and the ways in which disability mediates the experience of asexuality.

Exploring the Literature

Locating Asexuality

In human sexualities research, considerations of asexuality have been rare – although the term has at times been used to denote low scores on measures of both homosexuality and heterosexuality in sexological typologies, or as a repressed subset of homosexuality (Przybylo, 2012). It has also been used to describe romantic but non-sexual relationships between lesbians (Rothblum and Brehony, 1993). There are also several bodies of sociologically inflected literature that are concerned with the *ascription* of asexuality to particular marginalised groups – for example, Asian men (Kong, 2012), older persons (Gott and Hinchcliff, 2003), lesbians (Iasenza, 2002) and disabled persons (O'Toole and Bregante, 1992). Outside these spheres, however, a number of people have also begun to actively claim a distinctively 'asexual' *self-identity*, facilitated by the emergence of campaigning websites and forums such as the Asexuality Visibility and Education Network (AVEN) in the past decade or so. This in turn has led to a developing body of academic literature that focuses on asexuality as an emerging identity.

Defining Asexuality

AVEN defines an asexual person as 'someone who does not experience sexual attraction' (AVEN, n.d.), although not all asexual-identified persons agree with, or use, this

definition (Scherrer, 2008). There are also active debates within the literature regarding how to best define asexuality, and ‘operationalise’ the term in research (Chasin, 2013; Hinderliter, 2009). Asexuality can also be thought of as an ‘umbrella’ term encompassing a wide range of nuanced identities and orientations.² Crucially, within the asexual community, and in the majority of the asexuality research literature (Przybylo, 2012), asexuality is understood not as a dysfunction in need of correction, but as a variation in sexual subjectivity. However, in a context where a lack of sexual desire has been, and continues to be, subject to medical and psychiatric intervention, debates around asexuality’s links to medical and psychiatric diagnoses are ongoing, particularly with regards to whether and how asexuality can be differentiated from diagnoses such as Hypoactive Sexual Desire Disorder (Chasin, 2013; Flore, 2013).

Situating the Research

As mentioned previously, this research arose in dialogue with Eunjung Kim’s (2010, 2011) writings on the confluence of asexuality and disability. Kim makes the claim that asexual-identified disabled persons are at risk of double erasure given attempts by the asexual community to distance themselves from disability, and attempts by the disabled people’s movement to distance themselves from asexuality, as *both* seek depathologisation. Focusing first on the asexual community, Kim (2010) argues that asexual activists have stressed the healthiness of asexual individuals – for example, by emphasising that the ‘plumbing works fine’. However, Kim makes the point that claiming legitimacy on the grounds of good health and bodily normalcy could have the effect of marginalising disabled or chronically ill persons who identify as asexual. Turning to disability scholarship and activism, Kim (2011) argues that there has been a discernible attempt to distance disability from asexuality (i.e. from the assumption that all disabled persons are asexual). We see examples of this in the argument that asexuality is a myth (e.g. Milligan and Neufeldt, 2001) or in the conceptualisation of asexuality as ‘internalised oppression’ (e.g. Goodley et al., 2012: 331). There has also been a parallel move to naturalise and universalise sexuality – for example, in the work of the disability activist group *Yes We Fuck*. There has also been a focus on the active sexual lives of disabled persons (e.g. Shakespeare et al., 1996), although this is often accompanied by a critique of the institutional, structural and cultural barriers that disabled persons may face with regards to sexual expression. In the field of ‘Crip Studies’ – informed by post-structuralism and queer theory – disabled bodies have been valorised as part of the queer project, and are seen to offer *expanded* possibilities for sexual pleasure and experimentation (e.g. McRuer, 2006). However, Kim argues that this work – whilst important in challenging the *assumption* of asexuality – also has the potential to stigmatise disabled persons who do actively claim an asexual identity. Kristina Gupta (2014) develops this further: analysing the responses to a US disability discrimination case where sex was ruled to be a ‘major life activity’, Gupta argues that the disabled people’s movement and asexual community each failed to recognise the existence of asexual-identified disabled persons in their respective commentaries.

However, while these texts are thought-provoking, they are problematic in failing to engage with any of the persons Kim and Gupta suggest are vulnerable to erasure. This is indicative of a broader trend discernable in much of the academic asexuality literature.

For example, several authors (Fahs, 2010; Gressgård, 2013; Przybylo, 2011) argue that asexuality has the potential to be transgressive with regards to feminist and queer sexual politics – albeit one which is not yet fully realised (Milks, 2014). In doing so, they assume a top-down normative ‘goal’ for asexuality, but do not consider if asexual-identified persons themselves share this same vision of asexuality. Indeed, Scott and Dawson (2015), referring to these texts, argue that ‘marginalised in this analysis is the recognition of the lived experiences of asexual people *as people*’ (emphasis in original) and that there is a ‘conflation of a normative political position with empirical experience’.

Much of the existing *empirical* asexuality research is also problematic. For the most part, empirical research on asexuality has been conducted from within the paradigms of psychology and sexology. This research has been characterised by attempts to identify the prevalence of asexuality (Bogaert, 2004; Poston and Baumle, 2010) as well as identify unique psychological and physiological ‘characteristics’ of asexual persons (Prause and Graham, 2007; Yule et al., 2014). This has been accompanied by attempts to ‘account for’ asexuality by seeking some sort of biological or psychological base (e.g. Bogaert, 2004; Yule et al., 2014). As Przybylo (2012: 233) suggests, these preoccupations are reflective of a positivist impulse to somehow ‘know’ the ‘truth’ of asexuality. Others, however, have attempted to engage more meaningfully with the lived experiences of asexual persons. Scherrer (2008; 2010) and Carrigan (2011; 2012) have both conducted qualitative sociological research on asexuality, engaging with subjective insights and with what asexuality *means* in people’s lives. Both discuss the process of coming to identify as asexual, as well as the kinds of relationships asexual-identified persons (might) have, and the negotiations that take place within these. However, these studies could be said to present a somewhat singular focus on asexuality without any consideration of how other social relations of power (such as gender, class, ‘race’, disability, etc.) might mediate the experience.³ It is my argument that an intersectional approach is needed here.

Intersectionality as a term was introduced by feminist legal scholar Kimberlé Crenshaw (1991) but the concept itself was developed by black feminists during the 1970s and 1980s who argued that black women’s lives were affected not only by sexism and patriarchy, but also racism, colonialism and capitalism, which in turn impacted upon how sexism and patriarchy were experienced (Combahee River Collective, 1977). ‘Mainstream’ feminism was thus challenged to think about how being a woman might ‘intersect’ with being black, or working class. Since then, intersectionality has expanded to encompass the idea that *all* identities and experiences are intersectional (Nash, 2008), although some have argued that this represents a colonisation of the concept by the hegemonically powerful (Alexander-Floyd, 2012). Within sexuality studies, there has also been increasing attention paid to how sexualities intersect with other axes of oppression and privilege (Taylor et al., 2010). It is from within this intellectual ferment that I argue that in failing to consider asexuality intersectionally, we are assuming a disembodied subject who is free to claim an asexual identity. This article is therefore an attempt to address the hitherto lack of engagement with the lived experiences and subjectivities of asexual-identified disabled persons identified as marginalised by Kim (2010, 2011), but also aims to expand the empirical sociological research on asexuality by introducing a consideration of intersectionality.

Methodology

My research was conducted online, using email, instant-messaging (IM) and Skype interviews. Participants could choose the medium in which they were interviewed, which was an attempt to reduce barriers to participation to at least some degree (Harris and Roberts, 2003). While I acknowledge that the formats on offer still privileged linguistic forms of communication, participants could choose between synchronous (IM, Skype) and asynchronous (email) mediums, as well as between text-based (IM, email) and verbal (Skype) forms of communication. My decision to use online interviewing also seemed appropriate given that the asexual community is still largely an online community, and asexuality as a concept and marker of identity has emerged in and through online spaces (Carrigan, 2011). Online interviews also had other advantages: for example, the use of email interviews encouraged rich reflexive accounts, and participants commented upon how emailing took away the pressures of immediacy involved in synchronous forms of communication, allowing them 'time to think' and edit their responses. However, online interviews also present certain challenges, such as data protection. While all reasonable steps were taken to ensure the security of the data (stringent password protection; deletion of emails from email clients), I explained to participants prior to them giving consent that copies of emails and IM logs will still remain on the servers of internet service providers.

I recruited participants by placing an advertisement (which outlined the aims and purpose of the research) on the AVEN forums, as well as on a popular Livejournal asexuality community. My criteria for inclusion was that participants were over 18, identified as asexual and considered themselves to be disabled (however they defined this). As a result, participants had a variety of disabilities and/or impairments, including mental health problems, chronic pain, mobility difficulties, Asperger's syndrome, ME (myalgic encephalopathy), deafness and blindness. Participants ranged in age from 18 to 31 years, which mirrors the age profile of the online asexual community: Miller (2011) found that 92% of respondents to an online community census ($n=3430$) were under 30. Six participants were based in the US, two in the UK, two in Australia and one in France. Nine participants described their gender as 'female' or 'woman', often with qualifications about where they felt they were positioned on the femininity–masculinity spectrum, and two described their gender as 'male'. All participants identified as either 'white', 'Caucasian' or of 'European descent'. While one participant was employed in a professional occupation, the rest of the participants were students ($n=3$), working in admin or waiting tables ($n=3$), or unable to work and in receipt of state benefits ($n=4$). Participants also had a variety of a/sexual and a/romantic identities (which are given below). With regards to myself as a researcher, whilst I started with some simplistic assumptions about 'insiders' versus 'outsiders' (and which of these I was, given my own experiences of both LGBTQIA+ and disability)⁴, during the research I came to realise that the multi-layered and intersectional nature of identities meant that I was positioned much more ambiguously. I had naively assumed asexuality and disability would be the most salient aspects of participants' identities (and thus the criteria for 'insider' status), but this was rarely the case. Therefore, with each participant, there were points of difference as well as commonality.

In the interviews, I encouraged participants to discuss what it was like to identify as asexual when one was disabled. This involved exploring the themes of identity formation; how participants conceptualised asexuality and disability, and the relation between the two; societal responses to being asexual and disabled; experiences of the asexual community; experiences of disability groups or organisations they had been a part of; and reflections on activism and representation, in terms of both asexuality and disability. My analysis of the data was largely informed by the approach of Holstein and Gubrium who argue for the need to look at the ‘meaning-making process’ (i.e. the discourses drawn upon by participants; how meaning is co-produced in the research encounter) but without losing sight of the ‘meanings that *are* produced’ (1997: 127). In my analysis I therefore tried to pay simultaneous attention to the ‘hows’ and the ‘whats’. My utilisation of intersectionality in my analysis was primarily as a ‘sensitising concept’ – something which afforded ‘a general sense of reference and guidance in approaching empirical instances’ (Blumer, 1969: 148). In this case, I was sensitive to the ways in which intersectionality operated at both a concrete and conceptual level. This meant paying attention to how asexual persons are not just asexual but may also be – for example – white disabled women, as well as drawing out the ways in which asexuality is co-constituted through relations of disability, gender, ‘race’, etc.

The limitations of the study should also be noted here. Given that I recruited exclusively from within the online asexual community, in order to have participated in the research participants were – by definition – ‘included’ in the community in some sense. Their perspectives may therefore differ from asexual disabled persons who are *not* part of the asexual community – reasons for which may indeed include a lack of accessibility or experiences of disablism. Although access may prove to be a challenge, future studies may attempt to expand on this by recruiting asexual-identified disabled persons from places where asexuality is *not* foregrounded.

Exploring Asexual and Disabled Lives

Constructing the Asexual Community

All participants framed the asexual community as generally open to and accepting of disability. Evidence was marshalled in favour of this; for example, Natalie⁵ explained how she had ‘met a lot of aces [asexuals] online that are autistic, physically disabled, depressed, etc.’; others, like Lauren, drew on the positive reception she had received when she discussed her mental health problems on the AVEN forums. Participants went on to account for this openness, most commonly with reference to the idea that those in the asexual community knew what it was like to be ‘different’:

At AVEN, everyone knows that they are a minority in this world, so, I think that leads to them being more supportive and accepting of people with disabilities, both mental and physical. (Lauren, 23; asexual, aromantic)

Asexuals are on the edge of ‘typical’ and so they would have empathy to those who are atypical in other ways. (Erin, 29; grey-A, panromantic)

Jo specifically attributes what she sees as the increased empathy and sensitivity of the asexual community to the marginalisation that many asexual-identified persons have experienced in LGBT spaces:

I think a lot of people report not being received well by LGBT people and so it makes them ... because we're kinda newcomers to that group so we're more aware of being perhaps mistreated or misunderstood. (Jo, 28; demisexual, panromantic)

Several other participants also made reference throughout their interviews to the hostility they had faced from LGBT communities – for example, Ryan felt that a kind of ‘Oppression Olympics’ was at play, where LGBT persons would compare what they perceived to be a lack of ‘asexual oppression’ to the assaults, murders and imprisonments suffered by LGBT populations. Erin also suggests that the LGBT community in some respects has more in common with ‘straight’ society – for example, she thinks that both LGBT and straight communities place a premium on sexual attractiveness, whereas ‘asexuals are more likely to see people as having characteristics outside of those that make them sexually desirable’. She suggests that this may lead to the asexual community being more open to those – such as disabled persons – who have been constructed as sexually undesirable by mainstream (sexual) society. This framing of the asexual community/asexuality in general as especially enlightened (since there is no sexual attraction to ‘get in the way’) was expressed by other participants:

I kind of like not seeing other people as objects, I mean, just not having that dimension to my thinking is nice – I kind of wish that that were more the case, like if you have that way of thinking then you kind of have to fight against it in a lot of contexts if you want to you know, treat, the person as a human being. (Jo)

These comments can be related to broader scholarship on how social movements construct a collective identity. Taylor and Whittier (1992) suggest that three interrelated processes are involved: drawing boundaries to construct a collective self and a collective other; developing interpretive frameworks through which meaning can be attributed; and deploying strategies to negotiate negative social definitions. We can see these at work in participants’ accounts. Boundaries were clearly drawn between both ‘straight society’ and LGBT communities. Asexuality was positioned as a marginalised group against the perceived dominance (and hostility) not only of heterosexuality but also LGBT-identified communities. This involved re-framing asexuality’s difference not as a deficit or a pathology, but as an actual *advantage*: it was seen to afford a clearer view, ‘uncontaminated’ by sexual attraction and resulting in more authentic interpersonal relationships.

Challenging the Construction

Given this construction of the asexual community as disability-friendly, I wanted to solicit participants’ views on the charges that have been made regarding the potential marginalisation of disabled asexual-identified persons through claims of health and normality. In positing this view, I was explicitly challenging participants’ construction of the

asexual community. Participants responded to this challenge by skilfully reinterpreting my reading of the situation – for example, Natalie makes the distinction between *asexuality* being presented as ‘healthy’ (which she believes is what is happening) and asexual *individuals* being presented as ‘healthy’ (which she does not):

I have only seen the terms ‘healthy’ and ‘normal’ in regards to sexuality and not to overall health. Asexuality and its subsets *is* normal, as in it’s not unhealthy to be asexual. I don’t believe this says anything about each individual’s personal health. I think it’s just a reminder that there’s nothing to be afraid of when it comes to sexuality. (Natalie, 20; grey-A, heteroromantic)

Ryan and Helen both argued that the desire to be recognised as ‘normal’ is in actuality a request for the asexual community to be recognised as *heterogeneous*, like any other cross section of the public. Therefore, it would not follow that disabled persons would be excluded. Similarly, when I asked participants about their experiences of the disabled people’s movement, those few who had direct involvement rejected the suggestion that they were being marginalised as asexual persons. Kate, who was active in the UK disabled people’s movement, argued that amongst her activist friends and colleagues there was a growing awareness of asexuality as an identity or orientation, and increasingly care was being taken with regards to terminology. Kate’s experiences suggest that there may not be a blanket rejection of ‘asexuality’ within disability communities, as Kim (2010, 2011) fears, but that members may engage with discourse in more complex and sophisticated ways.

Links Between Disability and Asexuality

However, at other points in the interviews, many participants did express some tensions regarding their own understandings of their asexuality and disability on the one hand, and what they felt were the ‘official’ messages of the asexual community on the other. This was most evident when participants discussed the possible links between their disability and their asexual-identification. Perhaps surprisingly, many were willing to consider the possibility that their disability/illness and their asexuality might be connected in some way (although a couple of participants also rejected this outright). A variety of possible links were expressed – for example, Kate mused that her lack of confidence resulting from her mental health problems may have led to her repressing her sexuality as a young teenager. Similarly, Dawn suggested:

ME is still a mystery condition in many ways, as is clinical depression ... A sudden loss of interest in all things (including sex) is characteristic of some mental problems, so I can’t say for sure that there is no connection. (Dawn, 31; asexual, heteroromantic but bordering on aromantic)

Erin and Jo both suggested that there may be a connection between their embodiment and their asexual identification:

I do have some kind of a vague theory as to where it all comes from, that being in constant pain from a young age that maybe I didn’t have the same connection to my body that other people

do and maybe that had something to do with how I view other people's bodies or physical interaction in general. (Jo)

Learning about my particular condition and that part of it – joint hypermobility – has a lot to do with lack of proprioception and weird sensory issues – well, sometimes I wonder if I have a simple disconnect between my mind and body, and that is why I don't feel like my body wants to engage with anyone sexually. (Erin)

Erin and Jo's accounts point to the role that the bodily experience of being impaired has played in their lives and how living in a particular body may have shaped their (sexual) subjectivity. However, this view was held in tension with the awareness that the asexual community was hostile to any links being made:

I think there can be a sticking point with the asexual community at large. They are frustrated with always having asexuality be 'something wrong with them' – whether it's doctors or peers or partners, people are always presuming there is some kind of defect that makes a person asexual. So there is a bit of friction there. (Erin)

Similarly, Ryan also suggested that: 'I think the view that asexuality is not related to physiological, hormonal or psychological problems is very deeply ingrained in the asexual community'. So while the asexual community might be open to members with a disability, this is perhaps conditional on not making *connections* between one's asexuality and disability. Making such a connection would seem to undermine the dominant asexuality discourse – that asexuality is not *caused* by anything. This is a key constituent of what blogger Gaia refers to as the 'Gold Star' or 'Unassailable' asexual (The Queer Ace, 2013). Alongside an 'endogenous' asexuality, Gaia suggests that the Gold Star asexual would also have a binary gender identity, no history of abuse and would have always felt asexual, but would have 'tried' sex at some point. However, some participants challenged the idea that linking disability and asexuality *had* to be seen as dismissive or invalidating. As Kate put it:

I don't think a link between asexuality and ASD [Autism Spectrum Disorder] would make anyone's asexuality not 'valid'. ASD asexuals would still be asexual, it just wouldn't be for the same reasons as other asexuals. (Kate, 19; asexual, biromantic)

Jo expressed a similar sentiment:

The idea that your orientation doesn't have any kind of cause has been created as the test of legitimacy – you know, the reason why being gay is legitimate is because you're born that way and can't do anything about it – not that something caused you to be a certain way. But for me, it's legitimate ... it doesn't matter how that came about, it wouldn't make it any less legitimate if it had a cause. (Jo)

Recognising that asexuality might have a biological or neurological or psychological basis for some people, or may be rooted in a particular experience of embodiment, did not mean that asexuality was therefore seen as something to be cured. Participants thus simultaneously resisted the *medicalisation* of asexuality by embracing asexuality as one more way of being-in-the-world, regardless of cause. What was important was that

'asexual' was a term that an individual felt they could identify with. In these accounts, the idea of what constitutes a legitimate sexuality (not caused by anything but equally not freely chosen) was challenged, but the sexological search for aetiology was also rendered irrelevant, since cause was only something that had a place in personal narratives, and did not hold wider significance. These accounts also remind us that while the dominant framing may be to resist the connection between disability/illness and asexuality, community members are not passive and are able to draw upon alternative 'frames'.

Disability Mediating the Experience of Asexuality

All participants felt that disability mediated the experience of asexuality in some way. Most asexual-identified persons have to deal with their asexuality being attributed to some kind of pathology, but Ryan argued that a disabled person's embodied existence could be used as 'proof':

As an asexual person with a disability, I definitely think I get the dismissal that it must be caused by some other factor, rather than being a genuine, pervasive and enduring sexual orientation, because people have clear 'evidence' to draw from. They believe that asexuality is caused by some deformity or physiological issue, they see that I have some kind of physiological issue, so they see a causal relationship ... Although non-disabled asexual people still get that argument, it's easier for them to argue against it because the 'causal link' is missing one of the major components. (Ryan, 24; grey-A, aromantic)

Bobby also suggests that scepticism, or dismissal, is exacerbated by the presence of disability:

[T]here might be ... a bit more of – 'well you already have this' ... for a disabled person, you go 'it's a disabled person' and you might think that asexuality just comes along with that or something, or maybe their medication. Yeah, I think there is more scepticism toward a disabled person saying that they were asexual. (Bobby, 18; asexual, heteroromantic)

Here Bobby points to how disability often comes to define the totality of a person's existence ('it's a disabled person'), so that all their actions come to be read through the prism of disability, including sexual identity. As O'Toole (2000: 210) puts it: '[for disabled people] it is presumed that any sexual expression is an expression of illness or disability'. Interestingly, in Bobby's account, even though disabled persons are assumed to be asexual by default, this perhaps counter-intuitively increases scepticism towards disabled persons self-identifying as asexual because *actively* claiming an asexual self-identity would seem to contradict prevailing ableist norms of passivity and dependence. Appleby (1994: 24) explores this in relation to lesbianism and disability; she quotes one participant who suggests that you have to 'be normal to be abnormal', referring to how an 'alternative' self-identification only tends to be considered legitimate or 'real' if the subject is able-bodied. Here Tom Shakespeare's (2006) concept of 'labels' versus 'badges' might be a useful way to help us think about this. Shakespeare uses these to refer to the distinction between disability being something that is ascribed (a label) and self-identifying as a disabled person (a badge). Similarly, we might apply this to asexuality: we could differentiate between

asexuality as a label that is pinned on certain people and bodies, and asexuality as a badge that is worn (and with the agency that this implies). Going back to participants' accounts, it might then be difficult to wear asexuality as a badge if it is already pinned on you as a label. More broadly, this also links into critiques made of the individualisation thesis – particularly the idea that we are not all 'free' to craft our own biographies (Brannen and Nilsen, 2005). Bobby's account suggests that this right to be an 'individual' is perhaps provisional on one's able-bodiedness.

In Steff's case, she felt that her disability impacted upon her journey towards claiming an asexual identity:

I think my experience has been different and more difficult from non-disabled asexuals because I assumed my lack of interest in sex was because of my disability ... I blamed my lack of interest in intimacy on my Asperger's. If I did not have Asperger's I think I would have suspected I was asexual a lot sooner. (Steff, 22; asexual, biromantic)

Steff also describes how her mother had talked to her as a teenager about how many people with Asperger's do not have, or are not interested in sexual relationships. Shakespeare *et al.* (1996) identify socialisation and the 'management of expectations' as a barrier to disabled people being sexual; here we might also see it as a barrier to disabled people being *asexual*, in the sense of claiming asexuality as a positive identity. The above point that the assumption of asexuality leaves little room for *agentic* asexual existence may be seen to be reflected in Steff's account. Steff also brings our attention to the fact that when negotiating an asexual identity, not everyone is subject to the same kind of pressures and expectations to be a sexual being. This challenges Scherrer's (2008: 632) argument that coming to identify as asexual involves rejecting the pressure to be sexual: for some marginalised groups, being sexual has *not* been something that has been open to them. It also complicates accounts of the formation of an asexual identity – for example, Carrigan (2011) suggests that common to this process is a feeling of individual difference (estrangement from a sexualised culture), which is ultimately resolved through discovery of the asexual community, but I would like to suggest that this is dependent on an able-bodied subject for whom asexuality has not already been ascribed.

Disability and the Gold Star Asexual. Other participants described feeling particular pressure to make asexuality and asexuals 'look' a certain (acceptable) way to the outside world. Dawn expressed anxieties over the fact that she, as an 'out' asexual, was also someone who used a wheelchair and therefore was unable to 'present' as able-bodied. She discussed how she was worried about 'confirming the stereotype'. Kate also recalls:

I worry about having to justify myself. The other weekend, at Pride, I found myself worrying that I might be making asexuality 'look bad' if I wasn't appearing sufficiently neurotypical. (Kate)

Again we can relate this to the concept of the Gold Star asexual. Interestingly, while 'neurotypicality' was seen as important, Kate went on to suggest that she was also concerned that the asexual contingent at Pride was also not too homogenous:

I also caught myself surveying the group I was in, hoping we had a large enough range of personality types, a range of ages, a clear mix of genders and gender presentations, etc. I was worried that, if we appeared too homogenous in any way, we might end up accidentally reinforcing a pre-existing negative stereotype. To give some examples: too many disabled people ('asexuality is a medical symptom'), too many geeky people ('asexuality is an excuse for socially awkward people who can't get dates'), too many young women ('silly attention-seeking teenage girls') or too many middle class white people ('probably a hipster thing'). (Kate)

Thus, 'diversity' – albeit a controlled and normative kind of diversity – may also be important in constructing the social body of asexuality. It may therefore be the case that the Gold Star asexual is not explicitly characterised by whiteness or middle classness, but rather by certain norms of sociality (being 'well-adjusted', behaving in friendly sociable ways). However, these norms implicitly assume some possession of cultural capital, and can be seen to be linked to classed and racialised habituses (Bourdieu, 1977).

Although this pressure to represent asexuality in the best light possible is also likely to affect non-disabled persons, it may be the case that this 'burden' may be more acutely felt by those positioned at the intersection of asexuality and disability. Unlike those authors who discuss the transgressive potential of asexuality (e.g. Gressgård, 2013; Przybylo, 2011), the above accounts suggest that they do not want asexuality to be seen as transgressive because this might negatively impact on the already precarious status of the asexual community. These writers do not consider the 'costs' of framing asexuality as transgressive or, rather, the costs – i.e. being excluded from the parameters of normativity – are valorised as part of that same transgressive queer project. But, as Sara Ahmed argues, this view might only be available to those who possess the social and economic resources to 'support the "risk" of maintaining anti-normativity as a permanent orientation' (2004: 152). This links back to the discussion above where 'abnormality' may only be accessible through a pre-existing 'normality'; for Kate and Dawn, as disabled persons, transgression is perhaps not only more difficult, but also less appealing. This again underlines the importance of interrogating the assumptions of asexuality literature – for who is transgression an option? At whose expense might this be at?

Expanding Intersectionality. Disability and asexuality are also structured by social relations of gender, 'race' and class. Some participants offered interesting insights into how gender in particular further mediated their experiences. Kate felt that having Asperger's meant that her asexuality was already seen as less valid (because it is assumed to be caused by a neurological 'problem') but was further delegitimised on account of Kate being a *female-bodied person* with Asperger's. While she suggests that all persons on the autistic spectrum are constructed as 'innocent', it is something that she feels is more pervasive for women. She describes how:

I have, on several occasions, worried that people who know about my ASD will assume that I call myself asexual because I'm too 'innocent' to understand sex, or else frightened of it due to being 'childlike' (and not that, you know, I realised I didn't feel sexually attracted to others, questioned, had sex and found it wasn't a turn-on, questioned again and eventually decided 'asexual' was the closest fitting label). (Kate)

This quote highlights how Kate's identity as asexual arose out of a long process of reflection, experimentation and self-questioning, which is contrasted by the simplistic assumptions that she fears will be made of her because of both her gender and her disability. Natalie also refers to how women in general are perceived as sexually innocent, and while this, for her, meant that people were less surprised when she came out as asexual ('the reaction to women coming out as asexual is sometimes "that's normal for women"'), she still felt that this was a damaging assumption because 'asexual women are misunderstood and sexual women are berated for being overly sexual'. However, Natalie's own class and race privilege is evident in the above: while it may be true that white middle-class women have been constructed as sexually 'pure', this has not been the case for working class and/or black women who have been seen to embody an out-of-control *hypersexuality* (Collins, 2004; Skeggs, 1997). In discussing her (invisible) disability, Natalie also highlights how, as a woman, she felt she was rarely taken seriously, or not presumed to be a reliable judge of her bodily state, with her pain often dismissed as menstrual cramps. Natalie's account shows how women are often prevented from 'owning' their own experiences, as other motives or explanations are epistemologically privileged over women's own voices. In contrast, participants generally denied that their 'race' or class had an impact on their experience of asexuality and disability, and even struggled to see how these things *could* have an impact. All of my participants identified as white or white presenting, and so we might see this silence in terms of white privilege: where being white accrues systematic advantages, but this process is simultaneously rendered invisible through the denial of whiteness as a racialised category (McIntosh, 1989). Jo did, however, concede that being white and middle class made it 'easier' to be asexual:

Well I definitely think that being asexual is easier as a middle class white person in the US. There is more cultural acceptance than I think I would necessarily receive in a different circumstance ... you have more freedom to think about those things and they're more likely to be understood in those circumstances than they necessarily would be if I were economically disadvantaged – then I think that the culture would be more conservative about social issues like that. (Jo)

However, rather than recognising the socio-structural capital afforded her by being both white and middle class, which perhaps reduce the 'costs' of adopting a non-normative sexual identity (Ho, 2006), Jo instead invokes an image of the liberal, tolerant, white middle class, juxtaposed against the spectre of poor, racialised communities where 'asexophobia' may be more rife. Scholars such as Puar (2007) have discussed how there has been a racialisation and nationalisation of gay as 'white' and 'Western', while homophobia becomes sutured to the non-white and the non-Western, and by implication, the 'non-civilised'. It may be the case that similar discursive constructions are at play here, although this would require further investigation (and asexuality researchers and participants have thus far exhibited their own white privilege by their silence on the issue of 'race').

Concluding Thoughts

This is an exciting time for asexuality research as more and sustained attention is paid to asexuality by researchers and writers from a variety of disciplinary backgrounds. A small

number of scholars have begun to carve out space for a sociological perspective on asexuality by insisting that we engage with meaning, identity and subjectivity, as well as setting asexuality against a wider socio-cultural and relational backdrop rather than studying it as an individualised phenomenon as sexological and psychological researchers have done, and continue to do. However, in this article, I have argued that we also need to be alert to the ways in which asexuality is cross-cut and constituted by axes of privilege and oppression. I have shown how social relations and constructions of (able)bodiedness in particular, but also gender, 'race' and class, complicate understandings and meanings of asexuality, and also work to constrain or enable people in distinct ways. Through my discussion of 'labels' and 'badges', as well as in my discussion of the discursive construction of the 'Gold Star' asexual, I have also suggested ways in which 'difference' may require a normative 'base' to be accepted as legitimate. To some extent, this has been something those writing on and researching asexuality have implicitly perpetuated by paying little attention to intersectionality, and how asexuality as a concept might be inscribed with particular ideas about bodies. It is my hope that this article will prompt future researchers to recognise and build into their work a sense of the ableist, racist, sexist, as well as classist, homophobic and transphobic context in which we all negotiate our a/sexual subjectivities, and be willing to question themselves about assumptions made and thus exclusions perpetrated. I hope that this is just the beginning of that conversation.

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Notes

1. For practical ease (although perhaps at the risk of homogenising what is otherwise a diverse group) I use the term 'asexual community' to refer to all asexual spaces, both off- and online.
2. For example, 'grey-sexual' or 'grey-A' is a term used by those who feel as if they're positioned somewhere between 'asexuality' and 'sexuality'. 'Demisexual' is used by those who only experience sexual attraction when they have formed a strong emotional connection with a specific person. Terms such as 'heteroromantic', 'homoromantic', 'biromantic', 'panromantic' and 'aromantic' describe a person's romantic orientation, which is conceptualised as an independent axis separate from sexual orientation.
3. However, see Przybylo (2014) for a discussion of asexuality and masculinity and Hawkins Owen (2014) for a discussion of how asexuality as a concept has been, and continues to be, marked as 'white'.
4. Lesbian, Gay, Bisexual, Trans, Queer, Intersex, Asexual and plus.
5. Participants chose their own pseudonyms.

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