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# Asexuality in disability narratives

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## Abstract

This essay explores normative regulations of disabled people's sexuality and its relationship with asexuality through narratives of disabled individuals. While asexuality has been persistently criticized as a damaging myth imposed on disabled people, individuals with disabilities who do not identify as sexual highlight the inseparable intersection between normality and sexuality. Disabled and asexual identity and its narratives reveal that asexuality is an embodiment neither to be eliminated, nor to be cured, and is a way of living that may or may not change. Claims for the sexual rights of desexualized minority groups mistakenly target asexuality and endorse a universal and persistent presence of sexual desire. The structurally and socially enforced asexuality and desexualization are distinguished from an asexual embodiment and perspective disidentifying oneself from sexuality.

## Keywords

asexuality, autism, compulsory sexuality, desexualization, disability, asexual embodiment

In her second memoir about her life with autism, *Somebody Somewhere* (1994), Donna Williams writes about her asexuality, which she describes as the lack of sexuality. She explains how she learned to feign and perform physical attraction and sexuality without having any desire, because she had accepted society's view that 'having no sexual feelings was extremely abnormal' and feared that other people might find out she was asexual (Williams, 1994: 217). For her, being taught to perform being sexual was an extension of having been taught to perform being social to minimize her autism-related differences. Williams declares that she does not pretend to be sexual any longer: 'I *have* no interest. I'm not holding myself back from anything. I think it is more normal to admit a lack of feelings and interest than to pretend to have them' (1994: 218, her emphasis). She asserts firmly, 'Asexuality has nothing to do with frigidity or being celibate or being

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gay', adding, 'People know about homosexuality or fear of sexuality or a choice not to have sex, but they can't imagine an absence of it. They can't imagine that as a normal state anyway and nobody's talking about it because the lack of it is meant to mean there's something even more abnormal' (218).

Let me introduce another narrative by a woman with a physical disability who writes about her pleasure and about a sensuality that is not sexual. 'Confessions of a sensuous spinster' (1999) appeared in the US disability magazine *New Mobility: The Magazine for Active Wheelchair Users*. In order to remain anonymous the author calls herself 'Miss Jane'. A Crip-identified woman with a strong sense of disability identity, Miss Jane opens the essay by coming out as celibate: 'I'm over 40 and I'm a virgin. I mean it. I've never had sexual relations. No intercourse. No foreplay. No other related acts and practices. No smooching. No dating. No flirting. Nothing. Never'. She says, 'Well, frankly, I've always had trouble seeing what all the fuss is about: something never had is rarely missed'. Conscious of how readers might judge her negatively, Miss Jane claims that she is devoted to pleasures, just not the sexual kinds. Reminding readers that sensuality does not have to be only sexual, she describes her asexual pleasure as uniquely possible because of her disability. She understands her daily routine of being groomed by a personal assistant as a pleasurable experience and 'a wonderful daily luxury', explaining, 'There are a thousand ways a celibate can revel in the senses: Wrap the skin in delicious fabrics, luxuriate in the sun's heat, sit still in a hard wind, move into the shade ... We've fallen for a myth that only one kind of pleasure is truly satisfying'. Being 'sexual' means being 'normal', a term she doesn't associate herself with, because she views her disability as a source of her pride. A desire not to participate in sexual practices does not foreclose sensuality, intimacy, and pleasure or even what arguably may be considered sexual.<sup>1</sup>

In Donna Williams's and Miss Jane's narratives, asexuality, celibacy, and the compulsions of sexuality, able-bodiedness, and gender roles seem to converge and resist clear distinctions. I find that their writings critically cross the boundary of sexuality and able-bodiedness through each author's disability and expressions of distance from sexuality. Exploring this convergence and transgression, I examine the limits and the possibilities of asexuality in the narratives of disabled people's sexuality. I further consider the emergence of asexuality as an identity, along with the politics of sexual disidentification that enable one to claim an identity by highlighting what one is not. Although asexuality has been persistently denounced as a damaging myth imposed on disabled people, individuals with disabilities who do not identify as sexual highlight the unavoidable intersection of normality and sexuality. By examining disability and asexuality together, I challenge the tendency to deny any connection out of fear that the stigma associated with one might attach to the other. While considering the intersection of asexuality and disability can prove useful to understanding the interlocking discourses of normality, sexuality, able-bodiedness, and heteronormativity, recognizing the experiences of the asexual and disabled can expose how desexualization similarly intersects in specific contexts

with features of certain other groups, including women, elderly people, transgender people, and ethnic minorities.

In this essay, I use the term ‘asexuality’ to refer broadly to a relative absence or insufficiency of sexual interest, biologically and socially described function, and interpersonal sexual engagement. Therefore it does not necessarily preclude celibacy and autoeroticism, if viewed from a behavioral perspective. Asexuality is dependent on the demarcation of what is considered to be sexual in certain historical, social, and cultural contexts as well as within medically defined normative sexual boundaries. Thus it is also a concept or a position that distances itself from the realm of sexuality as natural, as well as from the knowledge and language that put sexuality into discourse (Foucault, 1990 [1978]: 11).<sup>2</sup> Historically, disability has been defined by ‘defects’ and ‘disorders’ that presuppose an anatomically standardized and normalized human body, certain functions, and specific aesthetics. Thus, disability depends on ideological, social, and medical categories that determine what constitutes an average body, ability, trait, and performance, and those categories often overlap with sexual realms. I explore how boundaries around ‘the normal’ and ‘the sexual’ are mutually constitutive and consider how, in western contexts, people with disabilities have come to have a unique relationship with asexuality: following the corrective claims launched after their long history of desexualization and the pronounced challenge by disability rights movements against the presumption of asexuality, asexual individuals with a disability are often erased.

## Desexualization and imposed asexuality

In western studies of the sexuality of disabled people, the term ‘asexuality’ appeared in the 1960s, associated negatively with disability and the lives of people with disabilities (Garland-Thomson, 1997; Gill, 1996; Hahn, 1981; Nigro, 1975; Siller, 1963). In *The Sexual Politics of Disability: Untold Desires* (1996), Tom Shakespeare, Kath Gillespie-Sells, and Dominic Davies explain that asexuality is stereotypically ascribed to disabled people, who are viewed as lacking sexual potential or potency – ‘Just as children are assumed to have no sexuality, so disabled people are similarly denied the capacity for sexual feeling’ (1996: 10) – and they challenge that common perception.<sup>3</sup> In fact, many scholars and activists, observing that nondisabled society and the media typically treat disabled people as asexual objects, reject asexuality as a myth; in an effort to ensure the rights of disabled people to be sexual, they claim that they *are* sexual (Fine and Asch, 1988; Hahn, 1988; Shuttleworth and Mona, 2002; Waxman and Finger, 1989).

In their important essay ‘Disabled women: The myth of the asexual female’, Corbett Joan O’Toole and Jennifer L. Bregante point out that disability and sexuality are seen as incompatible concepts, ‘the first automatically precluding the second’ (1992: 273). They attribute the myth of disabled women’s asexuality to society’s denial of their female gender and claim that ‘disabled people are actively sexual’ (279). Maureen Milligan and Aldred Neufeldt argue that disability does not eliminate

'basic drives or the desire for love, affection, and intimacy' (2001: 92). Although disability activists acknowledge that some disabled individuals adopt an asexual life, they claim that such a choice demonstrates a self-fulfilling prophecy and internalized rejection (Yoshida, 1994), as they assume that asexuality reveals acceptance of the oppressive proscription of sexuality. Disability scholars rightfully challenge the pervasive and harmful perception that asexuality is inevitable for (sexual) people with disabilities. Disability activists in sex-positive movements often attack the stereotype of disabled people as asexual and claim that 'we are sexual, we enjoy sex, and we have to be able to have sex'. However, the universalizing claim that all disabled people are sexual denies that asexuality can be positively experienced by any subjects with a disability, thus displaying the tendency to negatively generalize about asexuality as unnatural and indeed impossible. The insistence that sexual desire is natural for disabled people makes those people who do not feel sexual desire seem 'abnormal'. Kaz, a blogger who describes herself as being on the autistic spectrum and asexual, illustrates the difficulty in finding acceptance in the disability community: '[M]y saying I am asexual in the disabled community can be interpreted as my affirming and reinforcing those stereotypes, which tends to make people rather angry' (2009).

Without question, the societal assumption of asexuality in disabled people poses a serious problem for people with disabilities who have a variety of sexual and asexual orientations. When disabled people are regarded as asexual by nondisabled society, this imposed asexuality often relies on impressions of disabled people as undesirable; disqualified for marriage or any sexual partnership and reproduction; denied access to sexual assistance, contraception, and sex education; and disallowed any private space in and out of institutions (Wilkerson, 2002). Their image as asexual reinforces physical, social, communicative and economic barriers to their sexual rights. The frequency of sexual violence against disabled women is used as a rationale to deny them any sexual possibilities in the name of their protection and safety, while the violence itself goes unaddressed. The discourse of asexuality justifies reproductive control through unwanted surgical or pharmaceutical sterilization,<sup>4</sup> including treatment to eliminate menstruation because women's reproductive functioning is deemed unnecessary and inconvenient for caretakers.

In this series of oppressive historical and contemporary practices, the image of physically disabled women's asexuality and the accompanying image of cognitively disabled women's hypersexuality (often coexisting paradoxically with childlike asexuality) do not fully explain the continued efforts to remove any signs of the sexuality of disabled women. In some contexts, asexuality is not only an assumption but also a moral imperative: Disabled people ought to be asexual. As Carrie Sandahl points out, '[W]hile the diagnostic gaze aimed at queer bodies ferrets out symptoms of a "diseased sexuality", the diagnostic gaze aimed at disabled bodies tends to negate sexuality' (2003: 46). Such negation produces the social presumption and institutional enforcement of asexuality to sexual and asexual persons with disabilities. This asexual generalization must be distinguished from an asexual embodiment and a perspective that disidentifies one with and distances one from sexuality. Desexualization is a process that separates sexuality from

disabled bodies, making it irrelevant to and incompatible with them because disabled people are supposedly undesirable in society and because disability is believed to lead to sexual incapacity. In addition, desexualization refers to the ongoing process of creating distance between sexuality and people with disabilities through the fear of disability reproduction and contamination. Moreover, desexualization occurs when sexual assistance and access to social settings and communication are prohibited.

Margrit Shildrick (2007) explains that desexualization happens to people with disabilities in all stages of life: children with disabilities may be excused from sex education classes; disabled adolescents may find their social encounters closely monitored by both professionals and parents for their protection, and health care facilities are often unwelcoming or even inaccessible to them; disabled adults are infantilized and deemed incapable of making their own sexual choices; and the sexually active person with disabilities is labeled as shameful or disgusting. In all of these contexts, disabled people find it difficult to lead sexual lives. When disabled adults are desexualized and infantilized, their orientation – sexual or asexual – is rendered irrelevant. Because of their distance from sexuality, the participation by disabled people in heteronormative institutions such as marriage and parenting is viewed as unusually triumphant – to the same degree as it is forbidden.

The complex and rigid process of desexualization reveals that disabled people have not been understood simply as asexual – if they had been, no active desexualization would have been necessary. In addition to ‘undesirability’, supposed ‘deviant’ and ‘excessive’ sexualities also warrant this process. Alison Kafer explains that it requires loud and constant denial: ‘Medical and popular assumptions that people with disabilities are asexual contribute to the discourse about sexuality and disability – while the sexuality of disabled people may be denied in these conversations, it is being denied loudly and repeatedly, not silently’ (Kafer, 2003: 85). This assumed asexuality is not a natural consequence of having a disability; rather, it is the result of a desexualizing process that is continuously applied and maintained. Desexualization produces a form of objectification and dehumanization that denies the humanity of disabled people, for it is taken for granted that every normative body – and thus ‘all’ human beings – possesses sexual ‘instincts’.

Here I distinguish the societal assumption and imposition of asexuality on disabled people from the agentic and internal sense of being asexual (or of living asexually) shown in the narratives by Williams and Miss Jane. Stereotypical ascriptions of asexuality to disabled people should not be conflated with asexuality as an embodiment and subjectivity. That all disabled people are asexual is a myth, one that flattens out the sexual and asexual diversity of disabled people, but asexuality itself cannot be simply dismissed as a myth. More specifically, for people with disabilities, generalizations about asexuality pose a barrier to both asexual and sexual expression, because when everyone is assumed to be asexual, there is no room for asexual existence except as a product of an oppressive society. When asexuality is considered only as disempowering, sexuality quickly becomes a normalizing mechanism that rides on its power to construct and alienate asexual

bodies. It is important to note that I do not put forth my argument about desexualization under the assumption that all people are initially sexual by nature. Anne Fausto-Sterling (2000) explains that the 'truths' about human sexuality created by scholars and biologists are one component of the political, social, and moral struggles over our cultures and economies, which simultaneously become embodied into our physiological being. Sexualization is also a process of enabling and constructing sex and sexuality through sociocultural devices applied to a privileged able-bodied position. Foucault reminds us, 'We must not place sex on the side of reality, and sexuality on that of confused ideas and illusions; sexuality is a very real historical formation; it is what gave rise to the notion of sex, as a speculative element necessary to its operation'. Thus, he notes, when we resist the deployment of sexuality, 'The rallying point for the counterattack . . . ought not to be sex-desire, but bodies and pleasures' (Foucault, 1990 [1978]: 157). This understanding enables us to reinterpret asexuality not as pathological deviance, faulty perception, or a product of oppression but as a source of different lives, pleasures, knowledge, and embodiments.

Although the desexualization of disabled people in society has to be challenged on grounds apart from asexual embodiment and pleasures, Williams's and Miss Jane's narratives point out that social responses to disability and even to the biological and neurological characteristics of their disabilities significantly shape their asexual lives. Williams and Miss Jane contemplate the 'causes' of their asexuality and its relationship to disability. Williams says, 'I did not know why I had no sense of sexuality. It could have resulted from abuse, misuse, or my autism. All probably played a part' (1994: 218). Miss Jane also acknowledges that her chastity is 'the product of oppression, cultural stereotypes and all manner of evils'. However, neither perceives her asexual life as something that should be corrected. Williams explains: 'The causes were not important. The choices left in society for rewarding expression of intimacy with other people were the issue' (1994: 218). She believes that identifying the cause of asexuality is meaningless; society's failure to accept the absence of sexual feelings is the real problem. Miss Jane offers a complex description of her asexual life as produced by social environment, politics, experiences, and disability. She 'got set in' her ways because she did not have a mature, positive, Crip sexual community informed by the disability rights movement that could show her positive experiences of sexuality. Miss Jane interprets her asexual life as an embodiment associated with disability oppression and impairment itself, yet she sees her current manner of living as neither damaging nor negative but rather as creating a sense of worth. Even though her asexuality is associated with pathology, with the lack of positive sexual experiences around her, and with disability stigma, she does not view asexuality as less valuable than other forms of sexuality; in fact, she equates asexuality with disability pride:

So, I freely acknowledge that my chastity is pathogenic . . . But you know well, Brothers and Sisters on Wheels, that things caused by pathology are not always bad. Our lives have been altered by severed nerves, mutant genes, viruses, toxins,

whatever. But our stories are about taking our pathologies and building lives that are rich, interesting and complete. (Miss Jane, 1999)

Miss Jane understands her disablement as a transformation of self, not as a degradation or defect. It is a transformation that enables her to build a different life. Asexuality and disability together become sources for that life – a life perhaps not easily imagined by able-bodied and sexual people, but one familiar to some disabled people living asexually. She argues, ‘I do know my body, and my hedonistic nature, well enough to know that sexual pleasure is something I could enjoy greatly. The idea of giving that pleasure, while also receiving it, is definitely appealing. However, it’s hardly a necessity’. Miss Jane’s passionless attitude toward sexuality is empowering, because she does not allow sexuality to be used to judge the quality of her life, as often happens to disabled people. For her part, tired of people trying to teach her how to perform sexually in order to save her from asexuality, Williams claims that many asexual people who do not accept their difference live the day-to-day lie that ‘passive self-rape is an expression of ‘love’ and that the act itself’ is ‘meant to be proof’ that one is ‘worth something’ (1994: 219). Williams redefines the desireless practice of consensual sexual acts as self-rape, a term that makes clear the degree both of social coercion and of violence she experienced when engaging in sexual activities. It also shifts the understanding of rape from a focus on consent to a complicated reflection on motivation, pleasure, and compulsory sexuality overlaid with compulsory able-bodiedness (McRuer, 2006). The narratives of Miss Jane and Williams both suggest that they do not view asexuality itself as a problem; rather, it is the social expectation that everyone be sexual that oppresses them. Asexuality is an intricate construction that yields different perspectives and invites the reconsideration of able-bodiedness and the centrality of sexuality. Thus asexual and disabled embodiment resists and exposes the sexualizing and desexualizing processes and apparatuses.

Encompassing Donna Williams’s and Miss Jane’s narratives within the theorization of asexuality is a complex and difficult move. In her fourth memoir, *Everyday Heaven* (2004), Williams talks about her sexual awakening and experience of ‘plain sexual desire’ beyond the mere toleration of sex and experimental touches. Similarly, Miss Jane talks about reflexively squelching her sexual impulse every time it arises; she describes meeting a man with whom she imagines she could be sexual but thinks that ‘the interaction can in no way be improved’. In other words, one can also understand these stories as disproving these women’s claim to asexuality and leading one to think of them sexually suppressed. However, my analysis does not focus on determining their sexual identification or whether they are asexual or sexual. Nor does it understand asexuality as an unchanging intrinsic state unconnected to other contexts. What is important here in the exploration of the relationship between asexuality and disability is that these women are attempting to denaturalize the primacy of sexuality for pleasure and resisting the assumption that being sexual is compulsory as a prerequisite for being normal. In other words, being sexual makes one

normal and becomes a necessary component of rehabilitation or of health for someone displaying the 'abnormality' of asexuality. Williams asserts that sexuality constitutes normality, marking the absence of sexuality as abnormal. When asexuality is combined with autism, there seems to be strong pressure to become sexual as a way of being fully rehabilitated; being sexual is a form of being social, which is, in this framework, part of being normal. For Williams, being sexual – whether homosexual or heterosexual – meshes inextricably with becoming social and passing as able-bodied. When understood as embodiment and an epistemological ground, asexuality makes possible an examination of how sexuality is constructed and how the abnormality of its absence governs both nondisabled and disabled bodies.

Just as the notion of disability relies on the notion of normality, so asexuality is dependent on what sexuality signifies in a specific historical and cultural context, though both asexuality and sexuality are co-constructed within the relationship that they form. Asexuality can be defined only relatively as an absence or insufficiency of what is considered a 'normal' level of willingness and ability to engage in sexual activity. Elizabeth Abbott explains how an image of hypersexuality also presupposes asexuality in the case of older women who are widowed or have impotent husbands: 'Old age also creates celibates, usually women . . . Society assumes these old women and the few men also in their category have become asexual and ridicule them as obscene if they show interest in pursuing a sexual relationship' (Abbott, 2001 [1999]: 312). In other words, once asexuality has been imposed, any signs of sexuality can be registered as excessive. Whereas hyposexuality or hypersexuality lies within the range of sexualities deemed measurable, asexuality may be conceptualized as falling outside of the spectrum, as a form of disidentification that denaturalizes sexuality as an essential part of human nature (Muñoz, 1999).

'The sexuality of people with disabilities is understood as always already deviant', Kafer argues, adding that 'when queer desires and practices are recognized as such, they merely magnify or exacerbate that deviance' (2003: 82). Queer sexualities of people with disabilities are often thought of as a last resort, an effect of confusion, or platonic, since disabled people are viewed as incapable of forming heterosexual bonds (Kafer, 2003). Likewise, when disabled women are not sexually active, their asexual lives are uniformly perceived as externally forced, a result of disability oppression, or a consequence of bodily impairment.

Sumi Colligan's (2004) careful examination of the similarity between intersexed people and disabled people who were subjected to medicalization has implicit and explicit links to asexuality. Colligan points out that regulatory medical discourses and practices play a significant role in constructing the asexuality of both groups. She discusses an intersexed person, Toby, who was raised as a girl and lived as a boy and eventually adopted the label of neuter; Toby mobilized a group 'to provide a forum for people who think of themselves as neuter and/or asexual to make (nonsexual) connections with others' (Colligan, 2004: 51). Colligan views asexuality as an acceptable way of avoiding the charges and assumptions that the sexuality of intersexed persons is pathological or excessive, and possibly of concealing the

presence of sexualities, but she is concerned about this convergence between intersexed individuals and asexuality:

While asexuality should be respected as a chosen identity and practice, the fact that abstinence is the only acceptable alternative in our society for the unmarried, disabled, or nonheteronormative leaves me wondering why neuter was the one option to fill the interspace. Is this yet one more instance of a presence concealed as an absence because Western binary categories disallow more creative possibilities? (Colligan, 2004: 51)

Colligan speaks with ambivalence about asexuality because the space in which an asexual group is formed, though potentially free from gender binaries, is also located within a larger context in which the absence of sex is viewed negatively. However, if asexuality can be viewed as one of many creative possibilities and not just a cloak, the absence of (or disinterest in) sexuality becomes a powerful starting point to challenge gender norms. Toby's manifesto articulates strong connections between intersex, asexuality, and disability as it resists perceptions that pathologize: 'I am a complete person. If I am a man or a woman, my manhood or womanhood is in no way diminished by my disinterest in sexual activity. If my genital anatomy is other than male or female, this is not a defect or a deformity; I am as I am meant to be. I affirm my capacity to be whole as an asexual person' (quoted in Kessler, 1998: 77). The pathologizing of asexuality shares the language of defect with the construction of disability, which resembles the construction of queer sexualities and gender ambiguity.

Colligan makes an important link between desexualization's leading to the genderlessness of disabled persons and its connection with intersexed people: 'The tendency to deny any recognition to the sexuality of people with disabilities also contributes to a blurring of their gender identification such that they share a gender ambiguity not too dissimilar from the intersexed' (2004: 52). Likewise, disability studies in general has developed comprehensive critiques on the formation of normalcy, which is inevitably connected with sexuality (Davis, 1995). Theorists in queer disability studies have argued that the constructions of disability and non-normative sexuality share roots. Kafer asserts that the two systems are imbricated, each supporting and feeding off the other, and should be examined together. 'Queerness, due to its history of medicalization, threatens to disrupt the institution of able-bodiedness', she points out, 'while disability, because of its associations with deviance and perversity, threatens the boundaries of heterosexuality' (Kafer, 2003: 81–82). The medicalization of asexuality and the asexual people's activism examined in the next section illustrate how asexuality shares and assists the queer challenges to dominant (hetero)sexuality.

## **Asexuality identity and stigma**

The Asexual Visibility and Education Network (AVEN), an online asexual identity advocacy organization, defines the asexual as 'a person who does not experience

sexual attraction' (AVEN, 2007). To some degree, it is inevitable that this definition will limit the individuals' interpretations of their experiences, as happened in sexual rights movements focused on other sexual identities, but the demand that their identity as asexual be recognized as socially legitimate helps drive their efforts to publicize the existence of asexuality.

In an episode of the television newsmagazine *20/20* first aired in 2006 (American Broadcasting Company, 2006), after asexual individuals are introduced as 'sexless and proud', one sex therapist uses an analogy with a disability to reject the validity of asexual people's claim that they don't desire to have sex: 'Sex is a fabulous, enormously pleasurable aspect of life. And your saying you don't miss it is like someone in a sense who's color-blind is saying I don't miss color – of course you don't miss what you've never had'. Speaking from an able-bodied perspective and assuming that being color-blind is an unquestionably abnormal condition associated with the lack of an important component of life, she points to the 'absurdity' of their claim. In her choice of words, the therapist provides a revealing example of the close relationship between assumptions about disability and about the 'abnormality' of asexuality. She offers a series of conjectures about the causes of this alleged abnormality: 'There may be something. Maybe something physiological, endocrine, maybe something that has to do with trauma, or abuse, or repression, or severe religiosity that has predisposed you to shutting down the possibilities of being sexually engaged'. The therapist concludes that the absence of sexuality is the result of some pathological anomaly.

Following the introduction of a woman who after some experimentation with men and women decided that she is asexual, the reporter asks the sex therapist whether the label becomes a self-fulfilling prophecy. The therapist answers, 'You might as well label yourself not curious, unadventurous, narrow-minded, blind to possibilities. That's what happens when you label yourself as sexually neutered'. Though asexual activists emphasize that the asexual community has no definitive answers, the reporter from ABC poses a question similar to one often heard by people with disabilities: 'If I had a pill that I could give you to make you sexual, would you want it?' The question highlights the overwhelming desire to search for a cure, mirroring the typical approach to disability. The media purport to introduce asexual people's perspectives, but often they search for 'authoritative voices' – medical and professional experts – to 'help' understand the narratives of asexual people, framing them as foreign to the audience.

While many disabled activists fight the misperceptions behind what they see as an oppressive myth, some asexual activists maintain that asexuality is not a disorder, illness, or deficiency. At the same time, other asexual people embrace asexuality's connection with certain types of disability, including the autistic spectrum. Kaz addresses this double bind in her blog entry:

[T]here is an astounding amount of ableism in the arguments people use to try and invalidate asexuality, ranging from 'you should get your hormones checked!' over 'that's a disability, not a sexual orientation' to 'you're just all autistic!' You can

imagine how the last one feels to me as an asexual autistic person! Worse, parts of the asexual movement buy into this and will talk about how they're not autistic, their sexuality is valid – unlike mine, apparently? (2009)

A necessary step in reducing the conflict between asexuality and disability and addressing how their intersection is entangled with stigmatization is to articulate the various meanings of asexuality and its history in the construction of disability.

Understandably, the negative reaction to asexuality from the sex-positive and disability movements stems from the constrictions on and fragility of sexual rights in general. The premise shared by sexual liberalism and sexology about the universal presence of sexual desire encourages many sexual identities to emerge in public discourses and aids efforts to decriminalize and depathologize sexual desire. However, sexual liberalism does not necessarily challenge the politics that determine who is entitled to be sexual and why sexuality is more valued than its absence. My focus on asexuality aims to expose the high stakes of these politics for those people who have been desexualized and denied sexual rights. Anxiety about asexuality sheds light on the barriers to the struggle for sexual rights, which are under constant attack by discourses centering on moralism, abstinence, sexually transmitted diseases, and sexual health in general.

## **Asexuality as sexual variation**

As Miss Jane and Donna Williams demonstrate, the right to be asexual coexists with sexual rights and sexual diversity. Respecting asexuality as a form of diversity available to both disabled and nondisabled people helps resist the oppression of sexual minorities. I return to Donna Williams and her narrative about her and her then-partner in her third memoir, *Like Colour to the Blind* (1999):

Asexuality had been the only thing that had made sense of the total lack of personal connection to the sexual performances we'd each been through with 'the worlders' as part of passing for 'normal' ... The performance of emotions, social interest, closeness, sensuality, intimacy, and sexuality were things that had been forced upon both of us before we had reached the developmental stage where these things could be experienced, not just complied with. (1999: 113–114)

Williams explains that while there was a time that her identification with asexuality made sense when she compared herself to non-autistic people, she slowly found that the self-definition of being asexual no longer fitted. Her disidentification with asexuality later in her life shows how fluid and relative sexuality and asexuality are for both autistic and non-autistic people. Although Williams's use of the term 'developmental stage' is problematic, signaling an expectation that sexuality will inevitably appear at some point in one's life, the important point is that she is not able to experience sexuality on her own terms when it is forced upon her.

The pursuit of sexual rights cannot succeed unless people have the right to be recognized and respected equally as sexual or asexual subjects.

Asexuality as embodied identity and asexuality as imposed stigma are to be differentiated, even though, ironically, the two have long been very much connected as constructions of the abnormal. Asexuality plays different roles in a variety of discourses with focuses ranging from pathological conditions, inferior states, developmental immaturity, and sexual oppression to voluntary, embodied orientations. These different kinds of asexualities do not exist in complete separation, but the dominance in the history of sexuality of the idea that all human beings are innately and naturally sexual makes their distinctive meanings difficult to grasp. This history affects the questions arising from the growing understanding that asexuality does exist on the spectrum of sexual variations. How does society recognize the asexual individual? What is the nature of intimate life for people who, for any reason, do not desire to have sexual relations? To what forms of systemic physical and emotional violence are these individuals subjected? Asexuality as an epistemological position enables us to begin to pose and answer such questions: first, by recognizing how asexuality shapes the normativity of sexuality itself and, second, by exposing how sexuality acquires its power through the desexualization of certain populations. Disabled and asexual identity and their narratives reveal that asexuality is an embodiment neither to be eliminated nor to be cured, and as a way of living – one that may or may not change – it is worthy of intellectual exploration.

### **From the intersections**

Until recently, a rehabilitative approach has dominated, relying on a drive to remove the ‘defect’ or to approximate what is considered to be ‘normal’ and thereby restore the asexual and/or disabled queer body to its ‘assumed prior normal state’ (Stiker, 1997: 122). Claims for the sexual rights of desexualized minority groups mistakenly target asexuality and endorse a universal and persistent presence of sexual desire as a source of empowerment. Sexual liberalism often seeks to enable desexualized people to enjoy the current sexual culture without first problematizing the power dynamics operating within that culture. A claim for the sexual rights of desexualized minority groups could take another approach, resisting the temptation to stigmatize asexuality because asexuality both occupies a space in the sexual continuum and presents distinct identities and embodiments.

The interlocking connections between disability and asexuality studies may provide numerous sites to challenge pathologizing discourses as well as desexualizing social practices that are aimed at ‘unfit’ bodies and deny the possibility of being either sexual or asexual. This is the point where an important alliance between asexual people’s activism and movements for the asexual/sexual rights of disabled people may be initiated. The benefits and risks that accompany a theoretical and political alliance between asexuals and disabled people must be examined from the perspectives of people embodying both identities. From such perspectives, we can understand that sexual liberalism and sexual rehabilitation are narrowly

limited to erotic practices and reproductive frameworks. Social, linguistic, and cultural interpretations of sexual desire and sanctioning of its presence are affected by able-bodied and heteronormative family and kinship structures. Moreover, the demand that sexual desire always be present marginalizes asexual people, desexualized disabled people, and asexual people with disabilities.

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### Notes

1. According to Foucault, 'Sexuality must not be thought of as a kind of natural given which power tries to hold in check, or as an obscure domain which knowledge tries gradually to uncover' (1990 [1978]: 105). It is instead

the name that can be given to a historical construct: not a furtive reality that is difficult to grasp, but a great surface network in which the stimulation of bodies, the intensification of pleasures, the incitement to discourse, the formation of special knowledges, the strengthening of controls and resistances, are linked to one another, in accordance with a few major strategies of knowledge and power. (1990 [1978]: 105–106)

He makes visible an important connection of the system of alliance and relations with the deployment of sexuality. The way we theorize asexuality has to correspond to our understandings of sexuality as a historical, social, and cultural construct instead of as behaviorally typecast and self-identifying mechanisms that remove all forms of what contemporary society considers to be sexual in desire.

2. In this essay, despite my efforts to avoid defining asexuality solely according to behavior or self-claims, individuals who identify as asexual often thereby refer to a desire not to engage in sexual activities. While what is understood as sexual is culturally constructed, asexual individuals use the language of immutability (a similar argument has appeared in the defense of homosexuality). Some asexual individuals therefore might incorporate masturbation or other 'sexual' practices into their lives. My point is not to catalog which practices can be considered 'asexual' or 'sexual' but rather to explore the ramifications and potentiality of the intersection of sexuality and disability.
3. Tom Shakespeare later came to believe that the book's focus on sexual desire overlooked the importance of intimacy and acceptance in nonsexual contexts and ignored how people can survive and flourish without sex (Shakespeare, 2006: 168).
4. Roberta Berry (1998) uses the term 'asexualization' to describe forced sterilization.

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