

Beak glares at Jolene, shakes her head, blows a disgusted sigh, like she's auditioning for one of the ugly moments in *Guess Who's Coming to Dinner*.

Jolene pats my hand. Beak watches her.

Beak leans toward Jolene, hisses:

"You'd rather go out with my so-called darling daughter, than Sidney Poitier?"

*Oh, damn it, Beak? No. Enough already.*

"A good-looking girl like you, Jolene, going out with her?"

*Mother love. Ever hear of it, Beak?*

Beak's evil snake eyes slide toward me.

*Don't say it, Beak.*

She eyes her prey, "You know what you need, Jolene?" She gulps her scotch. Smirks. "You need a cold shower and a vinegar douche. That would do the trick."

*The trick?*

*Race . . . Sex . . . Homophobia . . .*

The KKK in all our families.

## 61. • Eunjung Kim

# HOW MUCH SEX IS HEALTHY? THE PLEASURES OF ASEXUALITY (2010)

Eunjung Kim is assistant professor in the Department of Gender and Women's Studies at the University of Wisconsin-Madison. Her research spans the fields of disability, transnational disability theories, representations of asexuality, and US-South Korea humanitarian exchanges. The following article was first published in the anthology *Against Health: How Health Became New Morality*.

Physicians, public health practitioners, and "pro-sex" activists may agree that sexual drive is a natural, healthy, and essential aspect of the human. Health risks related to sexual activities are often highlighted by these individuals, but the idea that willingness and capability to have sex reflects and promotes a person's psychological and physiological health is widespread in Western contemporary culture. A popular news Website proclaims, "Want to get healthy? Have sex."<sup>1</sup> A *Newsweek* article elaborates, "Sex is good for adults. Indulging on a regular basis—at least once a week—is even better."<sup>2</sup> The health benefits of sex listed are increased immune strength in fighting off cold and flu, looking younger, burning calories, decreasing women's urinary incontinence, and reducing pain. While expressions

of sexuality are regulated in society, the absence of sexual desires, feelings, and activities is seen as abnormal and reflective of poor health because of the explicit connection made between sexual activeness and healthiness. The way we understand desire and the relationship between sex and health are rarely simple. There lies the complexity of the cultural and social dimensions of sex beyond behavior, biological basis, sexual disorder, abstinence, religion, pleasure, and risk.

The public emergence of asexual people in the U.S., UK., and Canadian media and in global online communities illustrates that some individuals understand their absence of sexual desire as an asexual identity or orientation, not as lack or dysfunction.<sup>3</sup> The Asexual Visibility and Education Network

(AVEN) describes an asexual person as someone who does not experience sexual attraction. Some asexual people may experience sexual desire but do not desire to engage with others sexually or desire only to engage in autoerotic practices. Others claim that they are born without sexual feelings entirely and never feel any kind of sexual desire.<sup>4</sup> AVEN asserts on its Website that "Asexuality is not a dysfunction, and there is no need to find a 'cause' or 'cure.'" A *New Scientist* article, "Glad to Be A," explains that some asexuals might simply have extremely low sex drives despite romantic orientation toward males or females. Other asexuals might be attracted to neither gender while they experience their sex drives. Kristin Scherrer, the author of several articles on asexual identity, adds that individuals who identify as asexual may also identify as lesbian, gay, bisexual, transsexual, queer, or heterosexual in their romantic orientation.<sup>5</sup> Many narratives of individuals demonstrate that asexuality escapes monolithic definition, simple behavior patterns, bodily characteristics, and identities despite some researchers' efforts to draw a clear boundary for the "condition." In other words, individuals who identify as asexual vary greatly in their explorations of identity to make sense of themselves as people who have other kinds of orientation outside of the sexual realm. For these reasons, my use of the term "asexuality" is meant to be broad and relatively and subjectively defined as an insufficient or absent willingness to engage in sexual activity with others. This descriptive and relative determination of asexuality is based on cultural assessments of "normal" frequency and level of desire.

Participants in asexual identity movements emphasize that their asexuality is not a problem in their experience and that they are healthy and happy.<sup>6</sup> They also argue that it is mainstream society that denies the existence of asexuality, marginalizes it, and stigmatizes it, and for that reason they are alienated and not recognized for who they are. I argue in this chapter that medical explanations of asexuality as an abnormality that has to be corrected constitute a large part of the stigmatization and marginalization experienced by asexual people.

However, the way that asexual activists use the claim of "being healthy" and seek legitimacy and normality in the name of health to counter the pathological charge significantly limits our understandings of diverse asexual lives. By closely analyzing two cultural texts that represent asexual lives from contrasting paradigms, I discuss how asexuality brings new ways of experiencing and understanding pleasure when considered outside of the framework of health and normality. This is not to say that all sexual or asexual practices are completely unrelated to one's health status and bodily events. However, health information and interpretations about sex are grounded too much in belief in universal sexual desire and give too much authority to health professionals to produce "cures" marketed by the sex therapy and pharmaceutical industries. Often, information about sexuality and health is equivocal, incoherent, and politically charged. I am "against health" as it is utilized by medical authorities to determine what is normal and to guard their professional territory, therefore shutting down new and creative understandings about how we might live with or without sex.

### AGAINST PATHOLOGY, AGAINST FIGHTING STIGMA IN THE NAME OF HEALTH

I bring asexuality under the discussion of "against health" for two reasons. First, while sexual practices are heavily regulated in the United States in relation to gender, race, ethnicity, class, ability/disability status, religion, sexual orientation, and age, asexuality is subject to a pathologizing framework that demands a "cure" and "help" under the premise that sexual desire is universally and constantly present in adult life and that its absence reflects pathology or causes harm. As the AVEN Website explains, "In a world where sexuality is promoted as the norm, many asexuals grow up thinking that they're somehow sick, broken, or deficient." Absence of sexual desire may be alterable or not; it may coexist with

physiological or psychological conditions; it may be present without any identifiable causes. Labeling all kinds of asexuality as ill-health obscures the diverse and ordinary aspects of asexual experience. According to Leonore Tiefer, the medical and pharmaceutical industries have taken an increasing interest in sex, using various strategies to create a disease of sexual inadequacy through which to market drug treatments.<sup>7</sup> This combination of medicalization of sexuality and market forces promotes the drive for a cure for asexuality. Medical diagnoses associated with asexuality such as Hypoactive Sexual Desire Disorder or Female Sexual Dysfunction may legitimize bodily difficulties that individuals experience as valid signs or serious causes of distress and interpersonal difficulties, but the medical model comes with a cost, solidifying norms and excluding other bodies that do not fit as exceptional and deviant.<sup>8</sup> In fact, distress and relationship difficulties may be caused by external factors such as social pressure, partner expectations, dominant gender role expectations, and stigma. Tiefer also claims that the medical model itself is severely limited in its ability to deal with problems of sexuality because of its separation between mind and body, its biological reductionism, its focus on disease rather than people as a whole, and its reliance on norms. She claims pharmacological research often oversimplifies the sexual difficulties of both men and women because it "promotes genital function as the centerpiece of sexuality and ignores everything else."<sup>9</sup> She further asserts that sexual life has become vulnerable to "disease mongering" because a long history of social and political control of sexual expression has created reservoirs of shame and ignorance, and popular culture has greatly inflated public expectations about sexual function and understandings of the importance of sex to personal and relationship satisfaction.<sup>10</sup>

Second, pathologizing asexuality puts asexual people on the defensive and leads them and some within the media to insist on their normality by using the language of their critics. Some asexual men emphasize the fact that their "plumbing works fine" in response to suspicious inquiries about

their underlying problems which include physical abnormality, impotence, or lack of masculinity. Some asexuals argue that they are as normal as sexual persons except they do not desire to have sex with others. A reporter at *New Scientist* who interviewed a leading figure in the asexuality movement felt compelled to reassure readers that the asexual man was nonetheless physically attractive. The reporter describes the man's appearance and then concludes, "He is living proof that it is absolutely wrong to assume asexuals shun sex simply because they can't get any."<sup>11</sup> The seeming normalcy and healthiness of an asexual person operates as an entry toward public acceptance of asexuality. Although correcting the stereotypical image of an asexual person as undesirable or deviant by presenting the relevant "facts" is the goal of such endeavor, it is equally important to remember that being sexually desirable or healthy does not automatically lead to the recognition of asexuality as a legitimate difference. Just as with any other identity group with a significant range of diversity, many members of asexual communities acknowledge that they deal with various health issues as well as mental, physical, and psychological differences, some more common than others. The diversity within asexual groups makes the health claim of asexuality in order to fight pathologization more complicated. Is the claim that "we are not sick" a distancing strategy that erases other asexual people who have mental or physical illnesses, disabilities, and neurological differences? Claiming positive identity based on good health status and normalcy has the potential to ignore those people with various health issues, sexually related or not. Speaking of sex and its absence in the name of health easily falls into the moral and ableist binary of the *good body* and the *bad body*, and it relies on dominant able-bodied (hetero)sexual sex and gender expectations rather than presenting sex as composed of unpredictable and diverse practices, emotions, and reasons.

This is not to suggest that there is a unitary claim of healthiness and able-bodiedness in the asexuality movement that is employed by all asexual people. According to asexual activist David Jay, it

is useful to mold the story of asexuality and health according to the audience at hand. To the general public, he emphasizes that he is happy and healthy, highlighting that asexuality is not correlated with any health issues. He explains that the medical conditions of the asexual individuals are not generally discussed with the press in order to avoid conjecture about possible correlations. To medical professionals, he says that asexuals' healthcare needs are not understood properly in medical communities and he emphasizes the need for more partnership. To the asexual community, he argues that asexuality is not a problem in itself but encourages medical consultation when individuals experience a sudden drop in sexual desire.<sup>12</sup> These maneuvers illustrate the multiple ways in which health is related with asexuality, but at the same time, how one has to notice the presence of the negative connection between them either by emphasizing healthiness or avoiding the topic.

Certainly, asexual people's recourse to identity politics and community-building does raise other important questions. Can one be asexual and claim asexuality as a positive identity within a society that understands asexuality not only as a sign of contempt but also as a naturalized trait for some people? What is it like to be asexual when one is not considered sexual at all or is somehow prohibited from being sexual? Many people are ordered into nonsexual and nonreproductive lives because of their age, disability, health, race, gender, class, or appearance. People in minority groups and those with oppressed sexualities have presented disagreements with the idea of asexuality when it is imposed as a stereotype or a mandate. People with disabilities, for example, dispute asexuality as stigma that denies them their basic right and access to sexual, intimate lives. Some Asian American men in the United States engage in online "anti-asexuality" communities that resist the stereotype of the sexually reserved, emasculated, and effete Asian American male (a stereotype that coexists with the highly sexualized yet submissive image of the Asian American female). This activity effectively erases the space for asexual Asian American men. Asexuality is a typical prejudice applied

to older persons and lesbians as well. To take this last example, scholars in the field of female sexuality studies challenge the pejorative connotation of inactive sexuality reflected in the term "lesbian bed death," a supposed "dropoff" in sexual activity in long-term lesbian relationships and alleged lower rates of sexual activity for lesbian couples in general. The stigma represented by the discourse of "lesbian bed death" creates a double bind: lesbians were once assumed to be "sick" when they were having sex, but now, according to some lesbian affirmative therapists, lesbians are "sick" when they are not having sex.<sup>13</sup> The activism of asexual people for recognition and respect of their asexual identity challenges the simplified understanding of asexuality only as a status of oppression, which ignores the presence of asexual people within desexualized groups. The discussion of asexuality should be positioned beyond the good (acceptable) body and the bad (unacceptable and therefore to be fixed) body binary; instead, the conundrum of asexuality invites considerations of multiple contestations among a positive identity politics, a medical framework, and labels of oppressed sexuality produced by desexualization, as well as their overlapping grounds. It is important that these examinations consider the possibilities of utilizing a diversity of health statuses and other differences in race, age, disability, religion, and other sexual orientations as a part of a larger asexual embodiment. Sexual rights and asexual rights are not at odds with each other but part of recognizing the intertwined construction of diversity.

### "UNDER THE HOOD" AND SNOW CAKE: TWO DIFFERENT PARADIGMS

Authoritative medical explanations defining normal amounts of sex circulate beyond the clinical setting through the medium of popular cultural representations. First aired in 2005, the episode "Under the Hood," part of the Discovery Channel Canada's documentary series *Sexual Secrets*, offers an example

of the contestation between medical authorities and individual narratives over the topic of a sexuality and sexual dysfunction. The episode deals with various sexual disorders including so-called persistent sexual arousal syndrome, male erectile dysfunction, female post-partum decrease of sexual desire, and sexual anorexia along with the topic of asexual identities. The documentary presents these presumably unknown sexual problems as serious disorders that cause a lot of suffering. The documentary also introduces sites of medical treatment, such as counseling, exercise, and therapies.

In order to introduce the absence of sexual desire as one of these problems, the film crew asks people in the street about not having sexual desire. "Do you think that's possible?" an interviewer asks. One woman says, "Yeah, I think they are called mothers," pointing out how frequently the absence of sexual desire is experienced by many women. Most people, however, characterize sex as necessary and natural, or as one man puts it, "I think people need to have sex to enjoy life." Another woman says, "I don't know [if] asexuality is a normal thing. I think sexuality is a good thing. I think it's a natural thing. And it's healthy. And it's good to be sexual." Through these interviews, the film sets up asexuality as a topic of public opinion that can be voted up or down.

The asexual individuals who address the audience describe their lack of interest in sex not as a problem but as a difference. The documentary rejects their perspective, interrupting each asexual individual's interview with sexual scenes of heterosexual couples in bed, therefore marking a sharp contrast between what these asexual people are saying and what the documentary presents as natural. The film's doubtful attitude toward asexual identity comes across clearly. After the interview with David Jay, the narrator poses a question. "David says he is perfectly content with his asexuality. But is there a dark side to saying no to sex?" The narrator continues, "Are some asexuals ignoring something traumatic from their pasts and denying their true feelings?"

The film focuses on pathological explanations for asexuality, though it does feature one scientist

who presents asexuality as an acceptable variation since asexual people pose no threat to society. The documentary highlights the fact that some asexual people are victims of sexual assault, suffer from post-traumatic stress disorder, or have religious guilt. The narrator says, "Asexuals declare that their lack of desire is normal. But some doctors argue that some asexuals are actually suffering deep emotional turmoil. They argue that being asexual is not a choice made from strength but from intense pain." An expert adds, "I hear people make the statement that 'I don't need sex and I'm not unhappy about it.' But I find them suicidal or they're depressed," thus assuming that these psychological difficulties are rooted in asexuality or are the cause of asexuality. What is problematic is that the film squelches diversity within asexual people, combining those who are untroubled by their asexuality and those who suffer and want to be sexual by conflating the two narratives. Moreover, it assumes that asexuality is not acceptable when it is brought by victimization without considering how individuals experience asexuality. This way, the presentation of asexual people as suffering subjects (exclusively due to asexuality) reframes the asexual identity narrative as a harmful coping mechanism that stands in denial of real "turmoil." It is important not to assume all asexual people are victims. Even if asexual people have been victimized, just as have many sexual people, this does not warrant the understanding of asexuality as a damaged sexuality. Asexual people experience their own struggles, experiment and question their sexual/asexual identity, and may want to come out as asexual and work toward developing senses of pride as asexual people. The film does provide access to asexual people's self-representation and its fluid nature, but goes on to present them as self-deceiving through the eyes of doubtful professionals.

To nail down the idea that asexuality is unnatural, the film makes a connection between sex and food, as if refusal of sex were a refusal of necessary sustenance. The analogy between sex and food defies the message of abstinence campaigns that assume that individuals can control and delay their sexual lives

as long as they want with their willpower. "Searching for sex is a primal urge," the narrator claims, "almost as basic as hunting for food." The narrator asks viewers to imagine a life without food or sex, and this analogy leads quickly to the idea of sexual anorexia. Another expert on people who are repulsed by sex claims that "sexual anorexics" starve themselves and are full of self-loathing and hatred, and that, just as anorexic people deny themselves nourishment, sexually anorexic people deny themselves sexual contact.<sup>14</sup> Citing the case of a man who prefers a solitary life, the doctor makes the claim that when a man does not have enough male energy, he fears female energy and sees it as dangerous. Effectively converting fear and avoidance of sex into lack of dominant masculinity, the film once more presents an intimate scene of a man and a woman in bed as the ultimate goal in the healing of pathological asexuality. The repeated use of these types of sexual scenes in the documentary, contrasted with sad-looking, frustrated individuals alone in bed, creates a world divided between the sexual and the asexual. The medicalization of asexuality and the denial of asexual identity by health professionals turn individual bodies into medical facts, even though, as sexual scientists increasingly explain, there is neither evidence of psychic inhibition of libido in such individuals nor an effective treatment for people in a long-term state of asexuality.<sup>15</sup>

The film also presents the search for a medical cure for asexuality at a sexual treatment center in Chicago. The center recommends that women who do not want to have sex with their husbands maintain some kind of sexual relationship with their partner and think of it as a gift to them. Women exercise to increase their ability to orgasm and to fulfill their potential to enjoy sex. When a woman speaks with joy about meeting so many other women who experience no sexual desire, the idea is not that she has found a community to affirm her—an empowering experience shared by asexual people visiting online communities such as AVEN. Rather, the community attests to the severity of her problem. In fact, the documentary describes members of AVEN as

another group of patients in need of medical treatment and healing: "An essential element of any healing is asking out loud for help, understanding and hopefully finding a community to share a journey with." The journey of asexual people is, by implication, toward healing and the joy of sex, not toward a different identity and a respected difference.

As asexuality activists oppose the prevailing view that stigmatizes asexuality, their resistance can be assisted by cultural representations of asexuality outside of medically dominated discourse. My second example offers the possibility of resistance necessary to think critically about asexuality outside of the discourse of health and able-bodiedness, *Snow Cake* (2006), by British filmmaker Marc Evans, is a fictional film that depicts asexuality in a quite different way than the documentary "Under the Hood." It raises awareness about autism by focusing on the everyday life of an adult mother with autism living in Canada, but it also features asexuality as a main component of the highly verbal and autistic character's life. The film presents a compelling and vivid setting for asexuality beyond the realm of usual imperatives about asexuality as abnormality. The film's unusual quality comes from its presentation of an asexual woman who is not perfectly "normal" except for being asexual. Together with autism, asexual characteristics can be easily perceived as anti-social and anti-sexual attitudes. However, the film does not apply either moral or medical judgments to the main character. Rather, it depicts asexuality and autism as forms of human diversity and metaphorizes them as endlessly different kinds of snowflakes.

Aloof, middle-aged Englishman Alex Hughes (Alan Rickman) gives a ride to a teenage stranger, Vivienne (Emily Hampshire), who dies instantly when Alex's car is struck by a truck on the road. Mourning Vivienne's death, Alex visits her mother, Linda Freeman (Sigourney Weaver), and finds her actions strikingly non-reactive compared to those of a typical grieving mother. Puzzled by Linda's seeming indifference, Alex asks Linda's neighbor, Maggie (Carrie-Anne Moss), about this behavior, to which Maggie answers that Linda is autistic. To Alex, Linda does not appear to be

grieving, especially when she describes the meaning of the death of Vivienne in functional terms of not having someone to carry out the garbage or with whom to have fun. Alex decides to stay with her until garbage day on Linda's request, thus temporarily solving the practical challenge that follows Vivienne's death.

Alex soon learns that Linda is not only autistic but asexual, although the term "asexual" is not used in the film. The next morning Alex discovers Linda lying down in the backyard, eating snow with increasing joy. Linda describes her feeling to Alex by referring to sexual orgasm. "Vivienne once described an orgasm to me," Linda says, "It sounds like an inferior version of what I feel when I have a mouthful of snow." On another occasion, Linda insists that Alex join her on the trampoline, and he jumps up and down while she lies on her back and enjoys the continuous bouncing. The snow-eating and trampoline scenes propose an equivalent to sexual pleasure experienced by the asexual Linda, giving the film a way for sexual and non-autistic audience members to imagine Linda's pleasure. In fact, the film carefully carves out Linda's asexuality to contrast her with her neighbor Maggie's sexual activeness (which also marginalizes her in the conservative community). The film presents the lives of two different women, mediated by the socially distant Alex, as two alternative lifestyles, each with its own hardships and joys. Having had a complicated past, Alex finds comfort in both the social, inquisitive, sexual Maggie and the asocial, indifferent, asexual Linda. Linda's asexuality is a characteristic related to her disability, but not—and this is of critical importance—a pathological condition to be examined. In an emblematic moment, Alex acknowledges the pleasure Linda takes in eating snow by leaving in her freezer a cake made of snow as a good-bye gift, perhaps providing her with the experience of an "orgasm,"<sup>16</sup> while neither problematizing her asexuality nor suggesting that asexuality is a state of deprivation.

The film also uses motherhood as another important reference point to prevent the audience from assuming that Linda's asexuality is either a pathology or an absolute condition caused by her autism. Given

Linda's lack of interest in sex, Alex is puzzled as to how Vivienne "happened." Linda's father admits that no one knows the answer. The father tells Alex that he first suspected that the pregnancy was the result of a sexual assault. In fact, disabled women's sexual experience is often assumed to be the product of sexual violence not only because there is a high prevalence of sexual violence in women with disabilities, but also because the popular imagination cannot conceive of disabled women as exercising sexual agency. However, in this case, as her father further explains, Linda refused to answer questions about sexual violence and didn't seem to be upset. Her parents speculate that her pregnancy might have been a result of experimentation with her colleague at the community center. The film carefully avoids scripting the common image of a woman with a disability as an eternal child, an innocent angel, or a victim of sexual violence who needs protection. The film does not give any definite answer about how and why Linda engaged in sexual activity or whether or not she was sexually traumatized. The audience members are directed only to Linda herself and encouraged to move away from the desire to question or probe the apparent mismatch between motherhood and autism with asexuality.

Apart from characteristics unique to their different genres, "Under the Hood" and *Snow Cake* take thematically different courses in exploring lives without sex. With its authority of medical professionals and its dramatized sexual scenes, "Under the Hood" attempts to frame an exposé about a topic that is completely unknown to its general audience, thereby making asexuality exotic and unfamiliar. It imagines asexuality as a serious sign of health problems—despite its attempt to present asexual people's points of view—and creates hope for its audience when it proposes medical treatment for individuals struggling for a cure. *Snow Cake* proposes another point of view that does not make health a legitimizing or disapproving tool. It represents the imagined pleasures and heightened sensations of an asexual woman with autism experiencing a great pleasure that comes from other sensual activities.<sup>17</sup>

## CONCLUSION

Medical knowledge about the topics of asexuality and sexuality circulates into public awareness in a way that privileges the professional point of view over individual experiences and their creative interpretations. "The power of medical ideology in the construction of sexual desire derives from its expansion, its authoritative voice," Janice Irvine explains.<sup>18</sup> In addition to medical ideology, Irvine also notes that popular representations associate "problems" of desire with disease, often adopting a language of dysfunction. I offered the text of "Under the Hood" as an example of popular culture's narration of sexual desire through the language of medical dysfunction

based on normative gender expectations. Closely reading representations of asexual people with disabilities may be instructive as we look for more nuanced and less prescriptive ways of configuring sexual desire or its absence without erasing its diversity. The pathological framework for asexuality is symptomatic of a larger trend in which sexuality is tied up with the image of "normal" bodies. Understanding asexuality as a disorder that can and must be treated reveals anxiety about unstable aspects of sex, body functions, and sexual desire. By refusing to think about sexuality as a matter of health, I have argued that asexuality brings new ways of experiencing and understanding pleasure.

## NOTES

1. Laura Berman, "Want to Get Healthy? Have Sex," *Today*, January 15, 2008, <http://www.msnbc.msn.com/id/22650190>.
2. Temma Ehrenfeld, "Six Reasons to Have Sex Every Week," *Newsweek*, December 10, 2007, <http://www.newsweek.com/id/74575>.
3. AVEN: The Asexuality Visibility and Education Network, <http://www.asexuality.org>.
4. Geraldine Levi Joosten-van Vilsteren, Edmund Fortuin, David Walker, and Christine Stone, *Nonlibidoism: The Short Facts* (Amsterdam: Lavender Publishers, 2005). Although the authors in this collection prefer to use the term "nonlibidoism" and not asexuality, I consider asexuality in a broader sense to include nonlibidoists, or people who are born without any sexual feelings.
5. Kristin Scherrer, "Asexuality: Understanding Sexual Diversities," in *Talk About It. National Coming Out Month Magazine 2007* (Ann Arbor: Office of LGBT Affairs and Division of Student Affairs, University of Michigan, 2007), 22–23.
6. Anonymous, "Is There an Asexual Closer?" Asexuality Visibility and Education Network, <http://www.asexuality.org/en/lofiversion/index.php/t8569.html>.
7. See Leonore Tiefer, "Female Sexual Dysfunction: A Case Study of Disease Mongering and Activist Resistance," *PLoS Medicine* 3, no. 4 (April 2006): 436–40. Ray Moynihan and Matthew Anderson are also concerned that pharmaceutical companies influenced the creation of female Hypoactive Sexual Desire Disorder (HSDD) as a disease in order to promote testosterone as a treatment. See Ray Moynihan, "The Making of a Disease: Female Sexual Dysfunction," *British Medical Journal* 326, no. 7379 (January 4, 2003): 45–47; "The Marketing of a Disease: Female Sexual Dysfunction," *British Medical Journal* 330, no. 7484 (January 22, 2005): 192–94; and Matthew Anderson, "Is Lack of Sexual Desire a Disease? Is Testosterone the Cure?" *Medscape Ob/Gyn and Women's Health* 10, no. 2 (2005).
8. Some researchers believe that asexuality and the medical diagnosis of HSDD are not the same thing, while others believe that they are undoubtedly connected.
9. Leonore Tiefer, "The Medicalization of Sexuality: Conceptual, Normative, and Professional Issues," *Annual Review of Sex Research* 7 (1996): 252–82.
10. Tiefer, "Female Sexual Dysfunction," 45–47.
11. Sylvia Pagan Westphal, "Glad to Be A," *New Scientist* 184, no. 2469 (October 14, 2004): 38–43.
12. Personal communication with David Jay, March 2009.
13. In order to disprove the asexuality label, some researchers argue that there is not sufficient data about the definition of lesbian sexual behavior itself. They further emphasize that lesbian sexuality is "healthier" and more "intimate" than typical genital activity. See Marny Hall, "Not Tonight Dear, I'm Deconstructing a Headache: Confessions of a Lesbian Sex Therapist," in *A New View of Women's Sexual Problems*, ed. Ellyn Kaschak and Leonore Tiefer (New York: Haworth Press, 2001).

14. Some media looking at distress and they also qu the legitim article in t Dr. Leonard drive, as na to survive. normal." So No Is East www.nyti o9asexual. worry that self-fulfilli real probl ists somet See "Asex network,
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