

# Narratives of Asexuality

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**ABSTRACT:** In this paper, I utilize the lens of narrative power to argue that stories of asexuality have been employed to pathologize and separate people from heteronormative societies but can (and are) amplified to connect and mobilize people to resist dominant narratives and norms regarding sexuality. I apply this lens to two case studies. The historical and modern pathologizing of asexuality and the creation of online communities for asexual people and experiences. By exploring the power and hierarchy of narratives, I expose more people to non-normative sexualities and thus reduce the isolation and marginalization of asexual peoples and stories.

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**KEYWORDS:** Queer theory, Narratology, Political Theory, Asexuality, 2SLGBTQ, Heteronormativity

## Introduction

Heteronormativity permeates all aspects of existence in Western cultures and political societies. In this paper, I utilize the lens of narrative power to argue that stories of asexuality have been employed to pathologize and separate people from heteronormative societies; however, they can also be (and are) amplified to connect and mobilize people to resist dominant narratives and norms regarding sexuality. Heteronormativity is a set of assumptions that relies on the belief that heterosexuality is the normal, and often only, expression of sexuality (Butler 1990; Sundrud 2011; Warner 1991). Social norms and cultures are formed about the gender binary that upholds heteronormativity. A crucial aspect of heteronormativity that exacerbates the belief in a strict gender binary and heterosexual coupling is the assumption that all humans should possess sexual attraction, desire, and behaviours (Mitchell and Hunnicutt 2019; Przybylo 2011). These norms and stories uphold and reproduce dominant narratives regarding gender, sexual orientation, and sexual expression. Asexuality as an identity and lived experience does not conform with these narratives and thus is positioned—when acknowledged—as deviant, unhealthy, wrong, or problematic. Understanding narratives revolving around asexuality in queer theory literature and 2SLGBTQ+ communities will better provide queer scholars and communities with the language, means, and opportunities to challenge heteronormative structures that serve to oppress, omit, and suppress asexual perspectives and experiences.

In this paper, I provide an overview of my position in relation to asexual stories and identity that I utilize to develop a theoretical background to examine two narratives of asexuality. The power of narratives and storytelling is used to analyze the limitations of heteronormativity when discussing non-normative experiences of asexuality. I explore how asexuality has historically been and currently is, pathologized in Western cultures through medical intervention in people's lack of desire for sexual intimacy.

I provide an exploration of two common themes of asexual narratives. First, I investigate the use of medical authority to determine what is “normal and true” for people's sex life, which is questioned by many queer scholars. Secondly, I identify asexual communities and people who utilize online communities and forums to share their stories and lived experiences with others. The power of digital spaces to share narratives is crucial for people with marginalized identities, and asexual people have mobilized to educate and amplify stories of asexuality in order to connect and inform people. Asexuality and asexual experiences challenge institutions and norms built from those narratives. Still, asexual narratives have shared stories of joy and community to build new counter-narratives.

## Feminist Positionality

I am inspired by feminist, queer, and asexual scholars' research that explores lived experiences and stories with an emphasis on personal history and memory. I find work that centers and reflects on the lived experiences of the researcher to be the pieces of research and writing that resonate most with me. Sandra Harding's work on strong reflexivity—that “objectivity requires that the subject of knowledge be placed on the same critical, causal plane as the object of knowledge” (1992, 458)—requires me to examine my own identity and position in this research. I preface this in my paper to explain my investment in asexual narratives and remind myself to follow their guidance and expertise when analyzing dominant and counter-narratives of asexuality. Asexual scholar Evelyn Elgie's notes on positionality within the asexual community encourage me to reflect on my position as a white settler learning and researching from Treaty 6 land, the homeland of Dene Suliné, Cree, Nakota Sioux and Saulteaux peoples (2020, 4). I am privileged to attempt to carve out space for myself and my communities in academic institutions and Western cultures. I can explore dominant narratives through a platform available to me as a white settler with access to academic resources and educational opportunities. Many marginalized asexual perspectives and voices are not afforded the same platforms or opportunities that my position grants me.

My position within this paper will inevitably influence my theoretical foundation and critical analysis through case studies of asexual narratives. Reflecting on my position as a queer person, in terms of sexuality and gender, who is on the asexual spectrum will allow me to engage with others; critically shared asexual narratives and my own experiences of facing pity or misunderstanding. I have an investment in discovering how asexuality is shared in stories, experienced in Western cultures, and represented in dominant narratives because I hope to find ways to publicly reject the notions that sex, intimacy, and physical connection are aspirational. I strongly relate to Elgie's desire to "understand my socialization and the (sexual) culture I find myself in" (2020, 10).

I hope that my ability to unpack narratives surrounding asexuality will start me on the path of understanding the discourses around sexuality and intimacy within the queer and heteronormative cultures in which I exist. The paradoxical nature of asexual discourses and scholarship (Elgie 2020) requires that I first situate myself as a subject of sexual cultures and narratives before attempting to make sense of relationships that commit to and connect with individuals outside of the heteronormative narratives of relationships.

### **Theoretical Background** *Narrative and Storytelling*

Ken Plummer states that we, as citizens and humans, are "born into a pre-existing narrative world over which we have initially little control [;] we face narrative power" (Plummer 2019, 115). When confronted with this narrative power, we form distinct religious, gendered, political, and sexual identities. Ken Plummer and Michel Foucault both explore the networks of power—such as narratives, discourse, and stories—on an individual's formation and understanding of identity, and how those identities are acted upon by society in relation to sexuality (Foucault 1978; Plummer 1994). Story-telling and the recognition of narratives regarding (a)sexuality are among the most powerful ways to intervene against heteronormative

discourses that cause harm to marginalized and muted groups. Questioning dominant or hegemonic narratives as constructed in modern Western culture that center being "human" around having or engaging in sex (for reproduction, pleasure, and relationship formation) can challenge how we view the right to have (or in this case, not have) sex as constructed in modern Western culture (Elgie 2020; Mitchell and Hunnicutt 2020; Plummer 1994; Sundrud 2011).

Scholars center asexual individuals through story-sharing, qualitative interviews, and engagement with online communities to amplify narratives of asexual lived experiences (Mitchell and Hunnicutt 2020; Przybylo 2013; Sundrud 2011). When allowed to share their asexual stories of fear, ridicule, pity, joy, diagnoses, trauma, faith, and pleasure, the power of sexually driven narratives ebbs and flows in different ways than what is seen as the universal or natural "truth" of a heteronormative society's understanding of sex (Plummer 1994; Przybylo 2013). The historical and modern pathologization of asexuality requires understanding the dominant narratives. However, counter-narratives that resist calls for intervention, and maintain the dignity and self-hood of an asexual identity and lived experience are identified in some contemporary narratives of asexuality (Elgie 2020; Foucault 1978; Plummer 2019; Przybylo 2013).

### *Heteronormativity and Asexuality*

Lauren Berlant and Michael Warner argue that in heteronormative societies "we are used to thinking about sexuality as a form of intimacy and subjectivity" (1998, 566). In their efforts to counteract this narrative, they explore the nature of queer sex, identity, intelligibility, publics, and cultures that unsettle the heterosexual couple's reverence and privilege in Western societies (Berlant and Warner 1995, 1998). Hegemonic heterosexuality and heteronormativity maintain the privileged status of the heterosexual couple, but an asexual identity can attempt to unsettle the normalization of such a the couple's privileged status (Hopkins, Sorensen, and Taylor 2013).

A simple definition accepted by asexual communities is found on the Asexual Visibility and Education Network (AVEN) as “a person who does not experience sexual attraction” (Asexual Visibility and Education Network’s n.d.).

Considering the above definition of asexuality along with a definition of sexuality from the World Health Organization, which posits sexuality as “a central aspect of being human throughout life[,] encompass[ing] sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction” (Elgie 2020; World Health Organization 2006). The inclusion of “does not” in a definition of asexuality immediately orients the definition of being or doing asexuality in opposition to being heterosexual (normal) or homosexual (more normal in expressions of sexual attraction). The connection of definitions could allude to a narrative binary where asexuality is ultimately a lack of humanity (Plummer 2019).

Asexual scholar Evelyn Elgie outlines the perils of identity in a heteronormative culture. She focuses on the language and power around who defines identity within the accepted labels when claiming an asexual narrative or sharing asexual stories requires “establish[ing] oneself and one’s body as nonnormative from a standard, ‘normal’ baseline which is always assumed to be sexual” (2020, 17). The establishment of sexuality as a normative and natural aspect of humanity leads to the formation of an asexual identity that resists, does not, or cannot experience sexual attraction or standard sexuality. Dominant narratives can then identify asexuality as an illness, deviation from norms, or improper response. In this way, asexual identities can become both the ‘ties that bind’ and the ‘ties that blind’ (Plummer 2019, 115).

#### *Medicalization*

Lindsay Grenier examines the connections of medicalization, classification, and standards of behaviours in individuals’ sexuality as a “‘disease’ or ‘dysfunction’ which creates a new standard of ‘normal’” (2014, 75). Medicalization refers to the process where healthcare officials (the state, doctors, scientists, medical communities, etc.) are granted

authority over the body-minds of citizens (Elgie 2020; Foucault 1978; Grenier 2019). When medical authority and scientific “truths” are infused into a citizen’s social and political experiences of everyday life, citizens become the subjects of medical authority beyond their direct experiences with healthcare institutions and structures (Elgie 2020; Foucault 1990; Grenier 2019). The nature of a heteronormative society requires that the knowledge produced by medical authorities reproduces and maintains the “truth” that the dominant narrative holds above other truths or lived stories. Medical intervention into the sex and intimate lives of citizens “puts satisfying sex lives at the center of achieving a healthy, balanced lifestyle” and encourages the widespread belief that any “deviation from a ‘normal’ sexual experience in which gratification is reached is seen as needing medical treatment” (Grenier 2019, 76).

Medicalization produces a dominant narrative around what healthy citizens should be. It controls how citizens are encouraged to act, behave, and look to remain “normal” and “healthy.” Diverting from a heteronormative existence can lead to people being labelled as “defective” or “deviant.”

Deviation from desiring sexual connections and experiences continues to be pathologized through the diagnoses, treatment, and othering of people with low-sex drives, little or no desire for sexual fornication, and lack of sexual experiences (Elgie 2020; Grenier 2019).

#### **Topics on Asexual Narratives**

##### *Asexuality in DSM-V: Oppression of rights through dominant medical narratives*

Social scholars such as Michael Foucault argue that the role of medical institutions is to create a scientific “truth” that is placed above all other experiences. The American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (hereby referred to as the DSM) acts as a tool for dispersing the “truth” developed by American doctors and medical authorities that dismisses the lived experiences and stories of asexual people (Elgie 2020). Asexual people, such as those interviewed in Mitchell and Hunnicutt’s study, who admit to identifying outside of the normal sexual truths, as defined by organizations

such as the World Health Organization and American Psychiatric Association, risk medical intervention in their lives to preserve the “truth” of sexuality.

The DSM-V published in 2013 contains two diagnoses that asexual scholars have challenged. Female Sexual Interest/Arousal Disorder and Male Hypoactive Sexual Desire Disorder are diagnoses that can be provided by medical professionals that identify a lack of sexual desire or sexual activity that persists across a person’s life. Those who identified as asexual or shared asexual experiences wished to correct the idea that not desiring sexual attraction was a medical or mental problem. However, asexual scholars have questioned why asexual identity was required to be recognized by medical institutions to provide legitimacy and authority to asexual experiences and how it continues to uphold dominant narratives and institutional powers (Elgie 2020; Przybylo 2013). These critiques draw from similar challenges of heteronormative structures that require recognition from institutions and systems that seek to cause harm to those who identify outside of gender binaries or other than heterosexual. The two diagnoses above contain addendums that exclude people who “self-identify” as asexual (Elgie 2020; Mitchell and Hunnicutt 2019; Przybylo 2013). The recognition of asexual identities by medical authorities continues to identify asexuality as abnormal. Females and males are diagnosed with separate criteria which contributes to a heteronormative understanding of gender and sexuality. Females who experience a “life-long lasting lack of sexual desire” and males who experience “low sexual desire” must be either asexual or sick (both deviating from normal) (Elgie 2020; Parish and Hahn 2018).

Narratives regarding asexuality as something that can be explained, cured, adjusted, and normalized to better conform asexual people to heteronormative ways of experiencing and behaving on sexual attraction negatively impact people living asexual lives. Heather Mitchell and Gwen Hunnicutt “employ[ed] the narrative stories of asexual lived experience” (2018, 511) from asexual interview participants and discovered that asexual people often

felt invisible, broken, and confused about their asexual lived experiences and identity, whilst residing in a Western world that prioritizes heteronormative ways of connecting through relationships based on sex. These life story interviews—that Mitchell and Hunnicutt employed to “hear about an individual’s unique experience of life through their own voice and perspective” (2018, 511)—can be an opportunity to “understand the social, cultural, and historical world of participants through learning about their individual, familial, and social circumstances along with their history, experiences to date, and perspectives” (2018, 511). Providing a platform for participants to share their understandings of asexual experiences in a heteronormative culture presented an opportunity to challenge dominant narratives.

Evelyn Elgie provides a deeper understanding of the lived experiences that would lead asexual people to share stories of feeling broken by exploring the historical and current methods of pathologizing asexuality (2011). Elgie concludes with her analysis of the medicalization of asexuality, claiming that the right to exist as an asexual person relies on the recognition of dominant institutions and narratives to provide legitimacy and validation. Several of the participants interviewed in the above studies on asexuality (oral histories, narrative storytelling, and qualitative interviews) recognized that people in their lives viewed asexuality as a phase, a medical or mental condition, or a reaction to previous sexual traumas (Mitchell and Hunnicutt 2018; Sundrud 2011).

In response to being pathologized for their asexual stories and experiences, participants shared that people would tell them that they were “sick” or had a “disease” and that they would be able to experience sexual attraction and desire through medication or therapy (Mitchell and Hunnicutt 2018). People were told they must “have a hormonal imbalance” or have not yet “met the right person” and that with the right mixture of medications, professional help, and socialization they could become “normal” (Mitchell and Hunnicutt 2018; Sundrud 2011). My asexual stories resonate with the experiences of those shared in the studies. The people I value and care about (both those that are and are not a part of the 2SLGBTQ+ community) were unable to understand

and relate to my disinterest in connecting with people via sex. My relationship with my partner has been questioned as less valuable or legitimate because of the lack of sex. It is assumed that I would find a more suitable partner whom I could engage with sexually if I tried harder to conform to sexual norms. I had medical professionals offer me “solutions” that would “improve my sex drive” and mental health professionals attempt to unpack my experiences so that I may “work through” what was holding me back from a “normal” sex life. I am able to recognize that these so-called solutions are offered to me so that I can better conform to dominant narratives. In response and resistance, I continue to share my stories and create communities where other people with asexual experiences or identities can also share their experiences. This privilege is part of my education (formal and informal) and exposure to queer and asexual narratives that advocate for the amplification and resistance of assumed “truths” of compulsory sexuality.

#### *AVEN Counter-Narrative*

Asexual stories and people encounter resistance to existing and being recognized within Western heteronormative cultures that value sexual intimacy as something natural and desirable for all adults. In response to the power of narratives that center on sex, asexual communities form resistance and question the inherent dominance of the “truth” of sexuality that is regulated by medical and other authoritarian institutions. The mobilization of asexual identities and stories can be found on the online forum and community called the Asexual Visibility and Education Network. There is a political aspect to the purpose of AVEN as the website serves to question and resist dominant norms of compulsory sexuality so that people with asexual experiences feel seen and find belonging with a group of people who resist dominant narratives. The political mobilizing power of AVEN agitated for changes to the DSM-V so that asexuality would be a valid and legitimate form of existence and not a medical or psychological disorder (Elgie 2020; Sundrud 2011). AVEN’s digital powers of connection allowed people across the globe to access education and community for their lived experiences with asexuality.

The internet provides marginalized groups with a digital space where they can safely and privately engage with aspects of their identities and share stories that may be stigmatized, pathologized, or rejected by people in their everyday lives. The forums are a key part of the AVEN website and serve to facilitate the growth of asexual stories and connect people within a digital community. Ken Plummer highlights some of the risks in digital narratives as they can be easily distorted and reinvented extremely quickly and thus contribute to dominant narratives and harmful experiences for users (2019, 94). However, AVEN as a site for sharing stories about asexual experiences is crucial for people trying to better understand themselves as a contradiction to dominant narratives of heteronormativity and compulsory sexuality “since there is no singular way to embody asexuality” (Sundrud 2011, 11). Digital narratives are extremely important to people who “learn about and develop their asexuality through online community sites, personal sites, and blogs that collectively create a communal space for asexuals to connect with other asexuals and narrate their asexual identity” (Sundrud 2011, 9).

The oral histories conducted by Janet Sundrud, the story-telling interviews by Mitchell and Hunnicutt, and my own experiences within the asexual community have highlighted the importance of digital spaces to communicate stories of asexual experiences. The process of identifying as asexual often brought people a sense of comfort, clarity, and connection with other people (Mitchell and Hunnicutt 2019; Sundrud 2011). These online platforms allowed people to ask specific questions about real lived experiences. Storytelling from people with asexual experiences was crucial as people searched for words and narratives that resonated with their experiences and identity. Many people asked others about their asexual stories to form a narrative that differed from dominant Western sex-focused narratives. People could identify similarities and a common language within a private space by engaging with others’ stories and reflecting on the experiences shared via internet forums, Skype calls, blog posts, and in-person conversations and could form a collective identity. The power of a collective identity allows individuals more backing in their demands for not only recognition from institutions that

control “truths” of narratives and maintain the dominance of specific truths over others but also a restructuring of the narrative hierarchy. The digital space of AVEN and other forums for asexual people create counter-narratives that encourage people to embrace their non-normative identities and empower them as individuals and collectives.

### Conclusion

This paper utilized the lens of narrative power to argue that narratives of sexuality have been employed to pathologize and separate asexual people from “normal” heteronormative societies. However, the power of narratives is also used by people who have asexual experiences when they share stories to connect and mobilize people to resist dominant narratives and norms regarding sexuality. Asexual people have successfully advocated for themselves to adjust diagnoses that are given to people who do not experience sexual desire. However, popular narratives continue to exist within medical institutions and Western cultures that view asexuality as a deviant condition or problem to be solved. There is a continued necessity for an online community and a mobilized collective identity for asexual people to receive positive recognition and educate others. My own stories as an asexual person and my experiences researching non-normative sexualities continue to face resistance from academic institutions, people in my life, and my cultural norms. By exploring the power and hierarchy of narratives, I hope to expose more people to non-normative sexualities and thus reduce the isolation and marginalization of asexual peoples and stories.

There are limitations to exploring sexual narratives in Western cultures when there are narratives and stories of human suffering and human rights violations that are happening across the globe regarding gender, sex, and race. However, I am in a position to recognize that there are muted narratives regarding asexuality and that I may be able to expose dominant narratives and represent a counter-narrative that resists heteronormativity and compulsory sexuality.

I hope that this paper has served this purpose and can function as a dignified representation of asexual stories. In 2022, there are non-normative sexualities across the globe that are facing oppression and are muted by powerful narratives. Sharing stories through digital platforms, in academic papers, and other platforms for oral histories and life experiences is a way for people to ethically engage with narratives, power, and individual identities.



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