

A History of Asexuality: From Medical Problem to a Recognized Sexual Orientation

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Historically, people who are non-sexual have been considered to have a medical disorder. Most histories of asexuality do not look further back than 2000, when the Asexual Visibility and Education Network (AVEN) was founded. However, people who do not experience sexual attraction have been recognized since at least the nineteenth century by sexologists such as Richard von Krafft-Ebing (1886), Alfred Kinsey (1948) and Michael D. Storms (1980), while the New York Radical Feminists' Asexual Manifesto (1972) is the first known published recognition of asexuality as a queer identity. Although the formation of AVEN in 2000 helped establish asexuality as a legitimate sexual orientation, there has since been internal controversy over the definition of asexuality, and a conflict between asexual and disability rights activists.

There are many aspects to one's sexuality, including sexual behaviour, physiological response, and choice of sexual activity. There are also aspects such as who you desire or are attracted to. Furthermore, a person can have any combination or even all of these aspects. Because this partial or total non-sexuality has been continuously defined and redefined throughout its modern history, the line between asexuality as a medical disorder or as a sexual orientation has always been blurred. To overcome this problem of shifting definitions, this paper uses the broad term "non-sexuality" to avoid categorization by any specific aspect of sexuality, and to avoid confusion with historicized terminology which have varying definitions. A "non-sexuality" may include a person's non-expression of, or identification with, one or more of sexual behavior, physiological response, choice of sexual activity, sexual desire, sexual attraction, or other aspects of one's sexuality being low or absent.

I locate myself as a pansexual, panromantic white transgender woman. I am allosexual, a person who does experience sexual attraction, meaning I am not asexual. My goal is to write this history with respect to asexual people's identities, including the various identities that fall under the asexual and aromantic umbrellas. With that said, I am focusing on asexuality as a specific identity to provide a comprehensive history of asexuality that is accessible for as many readers as possible. Due to its relevance near the end of this paper, I also locate myself as disabled.

When sexology emerged in Western society as a field of study in the nineteenth century, such non-sexualities became seen as a medical problem to correct. Researchers

have continued to attempt categorization of such “deficiencies” and devise treatments to “cure” them. This has been an ongoing process that has continued into the twenty-first century, which has been marked by a growing social recognition of asexuality as a non-pathologized sexual orientation. This recognition emerged shortly after the start of the gay liberation and second wave feminist movements. Overlapping ideas about non-sexuality put these two views at odds with each other, though in the first decade of the twenty-first century, attempts were made by both asexual activists and medical professionals to disentangle these conflicting definitions so that acceptance of asexuality can coexist with treatments against biological barriers to a satisfactory sex life for those who desire it. Finally, there is another conflict between asexual and disability rights activists caused by widespread social assumptions that disabled people are inherently asexual.

Researchers of asexual history have generally followed a limited timeline, focusing on the founding of the Asexual Visibility and Education Network (AVEN) in 2001, or shortly before, as the starting point for activism promoting asexuality as a legitimate sexual orientation. These include psychologists Anthony F. Bogaert (2006),³⁰⁹ Andrew Hinderliter (2013)³¹⁰, Emily M. Lund & Bayley A. Johnson (2014)³¹¹, and the legal scholar Elizabeth F. Emens (2014).³¹² On the academic development of asexual research, Bogaert³¹³ and Emens³¹⁴ recognize Michael D. Storms’ 1980 model of sexual orientation, which included asexuality, though other scholars do not. Most focus on the introduction of Hypoactive Sexual Desire Disorder (HSDD) to the *Diagnostic & Statistics Manual of Mental Disorders* in 1987 as the beginning of scientific analogues to asexuality, or its predecessor, Inhibited Sexual Desire, beginning in 1980. Since 2000, scholars of asexuality have attempted to understand the difference between HSDD, still recognized as a psychiatric disorder, and asexuality, as a sexual orientation, most notably Bogaert (2006)³¹⁵ and Hinderliter (2013)³¹⁶. Though some scholars are more thorough than others, the evolution of scholarly research into non-sexualities — which overlapped and developed into

³⁰⁹Anthony F. Bogaert, “Toward a Conceptual Understanding of Asexuality” *Review of General Psychology*, 10:3 (2006), 247.

³¹⁰Hinderliter, Andrew. “How Is Asexuality Different from Hypoactive Sexual Desire Disorder?” *Psychology & Sexuality*, 4:2 (2013), 170-171. DOI: 10.1080/19419899.2013.774165

³¹¹Emily M. Lund & Bayley A. Johnson, “Asexuality and Disability: Strange but Compatible Bedfellows” *Sex & Disability*, 33 (2015), 123-132. DOI 10.1007/s11195-014-9378-0

³¹²Elizabeth F. Emens, “Compulsory Sexuality” *Stanford Law Review*, 66:2 (Feb. 2014), 303-386.

³¹³Bogaert, “Toward a Conceptual Understanding of Asexuality,” 241.

³¹⁴Emens, “Compulsory Sexuality,” 308.

³¹⁵Bogaert, “Toward a Conceptual Understanding of Asexuality,” 241-250.

³¹⁶Hinderliter, “How Is Asexuality Different from Hypoactive Sexual Desire Disorder?” 172-178.

asexuality — can be traced back further to the late nineteenth century, and its recognition as a sexual orientation, of which evidence can be found at least as far back as 1972.

Richard von Krafft-Ebing, an early German sexologist, first published the famous *Psychopathia Sexualis* in 1886. He cited 10 cases of what he termed “Anæsthesia Sexualis (Absence of Sexual Feeling) as a congenital anomaly”, of which all but one were men.³¹⁷ He described the subjects as people completely disinclined toward sexual activity of any kind, and some who only masturbated. He claimed all cases of anæsthesia sexualis could all be attributed to “degenerative defects” or “functional cerebral disturbances.”³¹⁸ Despite the disproportionate number of male cases, he noted that congenital anæsthesia sexualis was more common for women, though in “a milder form.”³¹⁹

Some contemporaries of Krafft-Ebing include the Italian sociologists Cesare Lombroso and Guglielmo Ferrero, and the British sexologist Havelock Ellis. Lombroso and Ferrero attributed the perceived “frigidity” of women to generally diminished senses, including hearing, emotion, and even pain.³²⁰ Ellis saw men and women as having equally powerful sexual desire, and believed that anæsthesia sexualis in women was caused by cognitive or physiological issues. He followed a general trend of separating *libido* (sexual desire) and *voluptas* (sexual pleasure), and argued that contemporary attitudes toward female sexuality as a private matter made it difficult for sexologists to accurately ascertain their subjects’ libidos.³²¹ The entomologist Alfred C. Kinsey is known for upending public perceptions of sexuality. His 1948 *Sexual Behavior in the Human Male* and the follow-up *Sexual Behaviour in the Human Female* are collectively known as “the Kinsey Reports”, and shocked the American public by revealing the wide variety and popularity of not only sexual activities which were accepted and even encouraged, but also activities which were widely considered “deviant” by society. Interviewing around 6300 men³²² and “nearly 8000” women³²³ across the two studies, Kinsey’s goal was to track sexual behavior accurately and objectively, without regard for public perceptions of propriety.³²⁴

³¹⁷ Richard von Krafft-Ebing, *Psychopathia Sexualis*, 42-47, trans. Charles Gilbert Chaddock. Philadelphia, PA: The F. A. Davis Co. Publishers, 1892.

<https://archive.org/details/psychopathiasexualis00kraf/page/42/mode/2up>

³¹⁸ Ibid, 42.

³¹⁹ Ibid, 46.

³²⁰ Eunjung Kim, “Asexualities and Disabilities in Constructing Sexual Normalcy” *Asexualities: Feminist and Queer Perspectives*, 259-260, eds. Karli June Cerankowski, Megan Milks. New York: Routledge, 2014.

³²¹ Kim, “Asexualities and Disabilities in Constructing Sexual Normalcy,” 262-263.

³²² Alfred C. Kinsey, Wardell B. Pomeroy, and Clyde E. Martin, *Sexual Behavior in the Human Male*, 6. Philadelphia, PA: W. B. Saunders Company, 1948.

³²³ Alfred C. Kinsey, Wardell B. Pomeroy, and Clyde E. Martin, and Paul H. Gebhard, *Sexual Behavior in the Human Female*, v. Philadelphia, PA: W. B. Saunders Company, 1953.

³²⁴ Kinsey “*Sexual Behavior in the Human Male*,” 5.

In the first report, he established what is popularly known today as the *Kinsey Scale*, used to gauge a person's sexual orientation. The scale ranges from 0 to 6, with 0 marking "exclusively heterosexual", 6 marking "exclusively homosexual", and numbers in between marking a corresponding graded scale of bisexuality. This scale is "based on both psychologic reactions and overt experience."³²⁵ Less well known is that Kinsey included an 'X' category in his data, which he defined as "men with no socio-sexual contacts or response", though there is no discussion of people in this group³²⁶ aside from the statement that they "rapidly disappear between the ages of 5 and 20."³²⁷ The second report expands the definition: "individuals are rated as X's if they do not respond erotically to either heterosexual or homosexual stimuli, and do not have overt physical contacts with individuals of either sex in which there is evidence of any response."³²⁸ In a comparison of statistics regarding sexual orientation and behaviour, Kinsey noted that women in this category were much more common than men. Though he ultimately attributed this to the women's "inexperience",³²⁹ by positioning this category in relation to hetero-, homo- and bisexuality, he inadvertently implied that not feeling sexual attraction can be its own sexual orientation.

Meanwhile, psychiatric diagnoses were becoming formalized. The *Diagnostic and Statistics Manual of Mental Disorders* is a series of books detailing possible diagnoses psychiatrists could make. Though the first two editions were not taken very seriously, the thorough and detailed DSM-III quickly became the gold standard for professional diagnosis following its publication.³³⁰ Tracing a series of related diagnosis labels and their progressive changes can be used to investigate the evolution of medicalizing and pathologizing non-sexualities.

The first edition of the *Diagnostic and Statistics Manual of Mental Disorders* was published in 1952. "Sexual deviancy" was the only diagnosis included that was of a sexual nature,³³¹ though it listed "frigidity" under "supplementary terms of the urogenital system," However, frigidity was left undefined.³³² It was removed with the 1968 publication of the

³²⁵ *Ibid.*, 638-639, 641, 647

³²⁶ *Ibid.*, 656.

³²⁷ *Ibid.*, 658.

³²⁸ Kinsey, "*Sexual Behavior in the Human Female*," 472.

³²⁹ *Ibid.*

³³⁰ Rick Mayes & Allan V. Horwitz, "DSM-III and the Revolution in the Classification of Mental Illness" *Journal of the History of the Behavioral Sciences*, 41:3 (2005), 249–251.

³³¹ *Diagnostic and Statistics Manual of Mental Disorders*, 38-39. Washington, DC: American Psychiatric Association, 1952.

³³² *Ibid.*, 125.

DSM-II.³³³ Meanwhile, sexual deviancy was categorized into several subtypes.³³⁴ These two books were short (130 and 134 pages, respectively).³³⁵

The DSM-III, published in 1980, was a gargantuan 494 pages and formalized psychiatric diagnoses into specific, listed criteria.³³⁶ *Inhibited Sexual Desire* was introduced in the DSM-III, under the new class of *Sexual Dysfunctions*.³³⁷ This was later renamed and split into two separate conditions in the DSM-III-R (1987)—Hypoactive Sexual Desire Disorder (HSDD), an absence of sexual desire, and Sexual Aversion Disorder (SAD), an “extreme aversion to, and avoidance of... genital sexual contact with a sexual partner.” They were described with a single paragraph each, plus a requirement that it not be explained better by another disorder.³³⁸ In 1994 these diagnoses were updated in the DSM-IV. They were worded exactly the same as in the III, but with one additional criteria that they “cause marked distress or interpersonal conflict.” They also were assigned subtypes: “lifelong” or “acquired type[s]”, “generalized” or “situational type[s]”, and “due to psychological factors” or “due to combined factors.”³³⁹ These disorders remained unchanged in 2000 with the publication of the DSM-IV-TR.³⁴⁰ This edition would remain the standard until the release of the DSM V in 2013.

The medicalization of non-sexuality is only one historical approach to addressing those with little or no interest in sex. Influenced by the gay liberation and radical feminist movements in the 1970s, another approach which has gained support over the past 50 years is the recognition of asexuality as a sexual orientation.

Written in a similar style as the Radicalesbians’ *The Woman-Identified Woman*, the manifesto which marked the beginning of lesbian feminism, it seems appropriate that Lisa Orlando’s 1972 *Asexual Manifesto* functioned similarly for asexual women. Orlando was a member of the New York Radical Feminists. While the organization created three caucuses, all based on sexual orientation, Orlando and colleague Barbie Hunter Getz found themselves not relating to any others, and formed the Asexual Caucus, consisting only of Orlando and Getz.³⁴¹ Asexuality was defined as “relating sexually to no one”, and was a

³³³ *Diagnostic and Statistics Manual of Mental Disorders, Second Edition (DSM-II)*, 44. Washington, DC: American Psychiatric Association, 1968.

³³⁴ *Ibid.*, 44.

³³⁵ Mayes & Horwitz, “DSM-III and the Revolution in the Classification of Mental Illness,” 251.

³³⁶ *Ibid.*, 250-251.

³³⁷ Bogaert, “Toward a Conceptual Understanding of Asexuality,” 243.

³³⁸ *Diagnostic and Statistics Manual of Mental Disorders, Third Edition, Revised (DSM-III-R)*, 293. Washington, DC: American Psychiatric Association, 1987.

³³⁹ *Diagnostic and Statistics Manual of Mental Disorders: DSM-IV*, 498-500. Washington, DC: American Psychiatric Association, 1994.

³⁴⁰ *Diagnostic and Statistics Manual of Mental Disorders: DSM-IV-TR*, 539-542. Washington, DC: American Psychiatric Association, 2000.

³⁴¹ Lisa Orlando, *The Asexual Manifesto*, 1. New York: New York Radical Feminists, 1972. <https://app.box.com/s/p7ngvv3iueaj0hk7xadkwd92af2zx4yz/>

response to sexual objectification.³⁴² This objectification, originally by men, was copied by women toward each other due to social conditioning about sex and its function in intimacy. Thus, all “interpersonal sex”, including lesbian sex, was oppressive.³⁴³ Intimacy could be achieved through activities they considered non-sexual, including physical touch and kissing. Being asexual was a political act against such oppression. Orlando gives a list of seven myths about the importance of sex in relationships, before also naming sex as a distraction and barrier to fighting sexism.³⁴⁴ Significantly, both Orlando and Getz self-identified as asexual. While they did not explicitly state that they believed it to be another sexual orientation, the caucus’ existence as a result of analogy to the other caucuses which were based on sexual orientation, indicates that Orlando and Getz did conceptualize asexuality similarly.

There was a small, but growing awareness of asexuality in the New York lesbian and gay community by the late 1970s, as demonstrated by the January 23, 1978 edition of the *Village Voice*. Arthur Bell’s front-page article titled “Asexuality: Everybody’s Not Doing It” is a commentary on the desexualization of culture and media during this time. The humorous opening line, “it wouldn’t surprise me to see a rash of asexual non-dating bars... where people of different asexual persuasions stare at each other and keep their rocks on”,³⁴⁵ reveals an awareness of the diverse experiences of asexual people. Asexuality is discussed in parallel at the cultural and personal levels. Bell notes a reduction in “sexploitation” in newer media, using films like *Star Wars* and *Close Encounters of the Third Kind*, plus Broadway plays such as *Annie* and *Dracula* as examples of media bucking the trend of sex- and romance-themed entertainment. He also noted that they had become less graphic.³⁴⁶ This was effectively cultural asexuality, an orientation shared collectively by the American public, and expressed via entertainment media.

At the personal level, Bell speculated about the (a)sexuality of Ed Koch, who was too busy with mayoral duties to think about sex. He acknowledges the absence of any activism for asexual rights: “[asexual people] prefer to keep their mouths shut.”³⁴⁷ However, against the advice of one of his interview subjects, he conflates asexuality with celibacy. Another interview subject, the Studio 54 co-owner Steve Rubell, resolves this problem. Rubell, a self-identified asexual, gives his definition of asexuality as “someone who has no desire for sex.”³⁴⁸ Though Bell assigned multiple non-sexualities to asexuality, his article demonstrates a continuity with the *Asexual Manifesto*, as the idea spread from radical feminism.

³⁴² *Ibid.*, 2.

³⁴³ *Ibid.*, 3-4.

³⁴⁴ *Ibid.*, 5-7.

³⁴⁵ Arthur Bell, “Asexuality: Everybody’s Not Doing It”, *Village Voice*, 23:4 (January 23, 1978), 1.

³⁴⁶ *Ibid.*, p. 20.

³⁴⁷ *Ibid.*

³⁴⁸ *Ibid.*, p. 21.

In 1980, attention toward asexuality returned to the scholarly domain. Michael D. Storms' *Theories of Sexual Orientation* expanded on Kinsey's 7+X point scale. Instead of the one-dimensional approach to homo-, bi- and heterosexuality, with those with a non-sexuality set aside and dismissed as having barriers to healthy sexual expression, Storms proposed a two-dimensional scale, where the horizontal axis corresponded to what he referred to as "hetero-eroticism", and the vertical axis for "homo-eroticism." He then extended his theory further by dividing this into quadrants, each representing a different category. Those exhibiting high homo-eroticism but low or no hetero-eroticism were categorized as homosexual, and those with the inverse as heterosexual. People who scored high in both dimensions were labelled bisexual. This left a fourth quadrant, representing people with low or no homo-eroticism and low or no hetero-eroticism. These people he categorized as asexual. Asexuality, for Storms, was a fourth sexual orientation.³⁴⁹ This marked the beginning of scholarly recognition of asexuality as a sexual orientation, though it would take time before it received wider acceptance. That would require bringing wider public attention to the existence of people with an asexual orientation.

This opportunity came with the popularization of the Internet. Two small online communities were formed between 2000 and 2001. The first was the creatively named Haven for the Human Amoeba (HHA), a peer support-based Yahoo! Group for self-identified asexual people. The second, created almost at the same time as the HHA became popular in July 2001, was the Asexual Visibility and Education Network (AVEN) website in spring 2001. The founder, David Jay, defined an asexual person as "a person who is attracted to neither gender" on the AVEN website connected with college LGBTQ+ student organizations, and soon collaborated with HHA members to grow the AVEN website.³⁵⁰ In recognition of non-binary people, he later changed the definition to "a person who does not experience sexual attraction." This definition remains on the AVEN website today.³⁵¹ This conceptualization of asexuality was both orientation and in particular, identity-based.

In 2006, an argument spilled out on the internet between Jay and HHA member Geraldine Levi Jones. Jay believed that asexual people could be sex-positive, and still identify as asexual if they masturbated, since the definition focused on sexual attraction as opposed to behavior. Jones, on the other hand, believed the definition of asexuality should encompass both attraction and behavior. In particular, she thought masturbation should exclude a person from an asexual identity. Her and her supporters were dubbed "anti-sexuals" and carried a sense of elitism over allosexual people. The split resulted in

³⁴⁹ Michael D. Storms, "Theories of Sexual Orientation" *Journal of Personality and Social Psychology*, 38:5 (1980), 784-785, 790.

³⁵⁰ Hinderliter, "How Is Asexuality Different from Hypoactive Sexual Desire Disorder?" 170-171.

³⁵¹ Asexuality Visibility and Education Network. "Welcome." <https://www.asexuality.org> (accessed Dec. 5, 2021).

The Official Asexual Society. “Nonlibidoism” in the name replaced “Asexual” in the title when it became clear that there was widespread support for AVEN’s position. 2006 marked the end of The Official Nonlibidoism Society, but it is recognized by AVEN members as a useful group that helped asexuals to clarify the definition of the identity and come to a consensus.³⁵²

Asexual activists have come into conflict with the disability rights movement. This stems from different connotations of asexuality for each group, and the impact of asexuality becoming more visible on disabled people. Some queer and crip theory can illustrate the problem. The feminist author Adrienne Rich introduced the concept of *compulsory heterosexuality* in her 1980 article “Compulsory Sexuality and Lesbian Existence.” The theory says that there is an assumed social expectation that all women are naturally inclined sexually toward men. Women who claim a lesbian orientation are seen as only having a “preference” or are feminists rebelling against patriarchal society.³⁵³ However, it stands to reason that compulsory *heterosexuality* implies the existence of compulsory *sexuality*.³⁵⁴

Robert McRuer, in his *Crip Theory*, expands on compulsory heterosexuality, introducing the analogous *compulsory able-bodiedness*. He argues that neither compulsory heterosexuality nor compulsory able-bodiedness can exist without the other.³⁵⁵ This effectively means that an asexual person is inherently disabled, and a disabled person, due to the social myth that disabled people don’t have sex,³⁵⁶ is inherently asexual. This leads some disability rights activists to oppose framing asexuality as a sexual orientation, believing that it would reinforce negative myths which erase disabled people’s sexualities. Conversely, many asexual activists see disability as negative, and seek to disassociate asexuality with a disability, which is implicated by the continued pathologization of non-sexualities.³⁵⁷ The problem is further complicated by intersectional issues experienced by people who are both disabled and asexual. Such people find themselves excluded in both disability and asexual communities. The gender studies scholar Eunjung Kim argues, however, that this is an artificial conflict and that both communities can gain from supporting each other—if they can present each identity as separate from each other. People can be asexual, disabled, or both, but not one *because* they are the other. Both disability and asexuality can be depathologized.³⁵⁸

³⁵² Hinderliter, “How Is Asexuality Different from Hypoactive Sexual Desire Disorder?” 171-172.

³⁵³ Adrienne Cecile Rich. “Compulsory Heterosexuality and Lesbian Existence (1980)” *Journal of Women’s History*, 15:3 (Autumn 2003), 13. DOI: 10.1353/jowh.2003.0079

³⁵⁴ Kim, “Asexualities and Disabilities in Constructing Sexual Normalcy,” 250.

³⁵⁵ McRuer, Robert. *Crip Theory: Cultural Signs of Queerness and Disability*, 2. New York: New York University Press, 2006.

³⁵⁶ Kim, “Asexualities and Disabilities in Constructing Sexual Normalcy,” 273.

³⁵⁷ Kim, “Asexualities and Disabilities in Constructing Sexual Normalcy,” 273.

³⁵⁸ *Ibid.*, 273-274.

In conclusion, the history of asexuality goes back to the late nineteenth century, when the emerging field of sexology attempted to explain and treat various “non-sexualities”, ranging from the inability to orgasm, to not experiencing sexual attraction. Non-sexualities were redefined throughout the first half of the twentieth century in various different ways, ultimately leading to their increasing pathologization in successive editions of the *Diagnostic and Statistical Manual of Mental Disorders*. In 1972 asexuality was introduced by feminists as a potential sexual orientation. It slowly gained support, including in the medical profession after Michael D. Storms expanded on the Kinsey scale to create a two-dimensional model of sexual orientation which included asexuality. In the first decade of the twenty-first century, online asexual communities formed and successfully pursued wider awareness of the orientation. However, some asexual activists and disability rights activists attempt to counter each other due to a perceived issue with their co-association. The scholar Eunjung Kim has proposed a solution to this problem: work together to battle this co-association while supporting each other’s pursuit for increased recognition. Notions of asexuality have shifted and evolved over the past 150 years, resulting in both conflict and cooperation between medical professionals and the asexual community.

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