



Abstinence

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Is sex a 'good thing'? Is celibacy dangerous? How can we understand the explosive violence of Incels, those young men (primarily) whose 'Involuntary Celibacy' drives them to abuse and occasionally kill people they resent for engaging in sex? And what about attempts to persuade young men and women to be *voluntarily* celibate? Finally, what can asexuality, or the absence of sexual desire, contribute to debates about sex?

These are just some of the questions explored in this lecture. They contribute to and build on the themes that have animated my entire series entitled 'On Sex', including pleasure, perversion, and pornography, as well as sex work and heterosexist monogamy. In all of my talks, I have focused on erotic fantasies and obsessions, love and violence, and confrontations between historians, political commentators, and social theorists, some of whom are also feminists and activists.

In the final lecture of this series, therefore, I want to pull these themes together. I have been talking a lot in this series about 'bad sex', 'good sex', heteronormativity, and 'compulsory heterosexuality', but what about 'compulsory *sexuality*'? In the messy collisions between bodies, politics, and culture have I ended up reproducing the very problematic liberalist discourse that I have been critiquing?

I believe that exploring the modern history of abstinence and celibacy (and they are *very* different things) provides some clues. Abstinence and celibacy are not merely the abandonment of erotic speech, sight, touch, taste, and scent; they don't simply forswear the tumescence and detumescence of genitals; they do not even require a more prosaic repudiation of reproduction. Rather, abstinence and celibacy shed light on the single most reckless 'error' in my series of lectures: that is, my underlying assumption that *sex is a (very) good thing*.

I am going to start by observing the many ways that celibacy (especially when practiced by *men*) has been seen as risky. Enforced celibacy – whether due to economic hardship, incarceration, religious vocation, or perceived unattractiveness – has been harmful. I will then turn to a couple of historical movements that deliberately sought to encourage celibacy. The first of these movements was inspired by certain feminist activists between the nineteenth and late-twentieth centuries who lauded celibacy as a means for attaining female emancipation. The second movement had the opposite aim. From the 1980s, a section of U.S. Evangelical Christians in alliance with federal and state authorities urged young people to repress their sexual yearnings through practicing abstinence prior to monogamous, heterosexual marriage. Rather than empowerment, the main victims of this education were poor Black and Brown girls. The lecture will conclude by turning to people who do not experience sexual desire or urges. They have excited medical and psychiatric attention from the nineteenth century, but, in the 1970s, began naming themselves 'asexuals'. I want to suggest that their attempts to create worlds that go beyond compulsory *sexuality* (as opposed to the more commonly referenced 'compulsory *heterosexuality*') offer new ways of thinking about intimacy and desire in all its forms. It also provides me with an opportunity to critique my own pro-sex position in these lectures, suggesting that to create more equitable worlds, we need to think beyond our individual, bounded bodies. Those of you who have followed the series of lectures (and, I have to insist that they work best as a whole, rather than as discrete reflections), you will have heard me citing Maurice Merleau-Ponty's famous argument in *The Phenomenology of Perception* that 'We don't *have* bodies, we *are* bodies'. In these lectures I seek to point out that our bodies are never ours alone.

In the modern period, celibacy has often been thought to be the cause of many social evils. In the nineteenth and early twentieth centuries, although celibate *spinsters* were caricatured as wizened hysterics or compulsive animal-lovers, blocking the sexual urges of *men* was regarded as more dangerous to society at large. If denied a sexual 'outlet', the unstoppable tsunami of male sexual biology could wreak havoc. For example, in mid-nineteenth century Britain, when it was feared that middle-class men were being 'priced out' of the marriage 'market' (these the metaphors are significant), there were moral panics about what this meant in terms of female sexual exploitation. Denied the comforts of the marital bed and (as we heard in the lecture on monogamy) the sexual servitude of wives whose bodies were the property of their husbands, it was feared that these men would turn to women who were called prostitutes, as discussed in my lecture on 'Sex Work'.

From the 1950s, although dramatically escalating in the 1970s, the enforced celibacy of men incarcerated in prison was identified as dangerous. For married people *outside* of prison, the right to engage in sexual intercourse in private was considered essential to the marital relationship, to the extent that a husband could recover damages in tort law from another man who had intercourse with his wife (this was discussed in my lecture on Monogamy). For prison reformers, denying men their innate 'need' for sexual intercourse with a member of the opposite sex was a form of 'cruel and unusual punishment', like torture. So called, 'conjugal visitation rights' were framed as essential to prevent greater harms. Was enforced celibacy of convicted criminals really a deterrent to committing crime? Or was it a major factor inhibiting rehabilitation? Might 'conjugal visitation rights' be an incentive to good behaviour or even a solution to testosterone-driven aggression and homosexuality within prisons? In a 1948 article entitled 'Sex Life in Prison', the famous psychiatrist Benjamin Karpman worried that the 'prison environment' was responsible for sexual neuroses. He worried that, 'by constantly forcing regression to lower levels of sexual adaptation; that is to say, masturbation', the 'original facultative character' of such acts would become a 'compulsory obligatory form'. He warned that 'If these masturbation and homosexual practices continue for any length of time, they grow' so that, even after being discharged from confinement' the prisoner 'often finds himself unable to return to normal sex activities'.

Clerical celibacy has also been viewed as responsible for sex crimes. This was not a modern phenomenon. After all, celibacy (or 'perfect and perpetual' continence) was not imposed on Roman Catholic priests until 4th century and, even then, was blamed for 'crimes of passion' (by which was meant same-sex intercourse). But, from the 1960s, these fears took on a new meaning with sex being seen by psychoanalytical and psychosocial commentators as necessary for healthy psychological development and the full development of personhood. As a result, priests (immeasurably more so than nuns) were viewed as emotionally 'underdeveloped'. The 'immaturity' of men who espoused a spiritual calling was linked to revelations about ubiquitous, institutional child sexual abuse. Worse: that abuse took place with the tired acquiescence of the religious hierarchy.

Even more recently, enforced celibacy has become part of a movement – the Incels or Involuntary Celibates. These are primarily young men furious about being excluded from romantic and sexual relations with women. Perhaps surprisingly, the movement *wasn't* inaugurated by frustrated men. In fact, the term was coined in 1993 when a Canadian woman calling herself 'Alana' launched the 'Involuntary Celibacy Project' online. Four years later, she introduced a mailing list for people interested in addressing the problems associated with not being in a romantic or sexual relationship. By the time she discontinued the website in 2000, her benign, self-help movement had been annexed by angry, young, heterosexual, white men, who claimed that their physical unattractiveness and *relative* financial impoverishment meant that they were spurned by women. Incels came to public awareness by the multiple murders carried out by men such as Elliott Rodger (2014), Chris Harper Mercer (2015), and Alex Minassian (2018).

Most self-identified incels are non-violent, but they flourish in a highly misogynistic and homophobic manospheres. Although they are incredibly diverse, they share an ideology that insists on men's entitlement to women's bodies. Their great enemy is feminism. They argue that, by encouraging women's self-esteem, increasingly their independence, and affirming sexual autonomy, feminism has stripped men of their authority. To add to the insult, some men do achieve their rightful destiny – these are Alpha males are known as 'Chads' who have sex with 'Stacys', that is, allegedly stupid and promiscuous women who reject 'Beta' males. Incels draw on concepts taken from the 1999 film 'The Matrix' in which Neo is offered two pills: a blue one which will allow him to be happy but ignorant of the 'real world' and a red one that reveals the truth. Incels are 'Red Pilled', that is, they have been enlightened about the *reality* of gendered relations. Those who are 'Black Pilled' take this further, accepting incelism as a permanent status. For them, 'it's over.... It never began'. Amongst many other pills is the 'Rape Pill', taken by 'rapecels' who believe that because women are easily swayed by declaration of 'love' from Chads, rapecels have a right to use force. Misogyny

is posited as a legitimate response to being emasculated by women.

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Members of Involuntary Celibate groups see themselves as disempowered. Their communities are plagued by depression, violent ideation, and suicide. A small minority carry out atrocious acts of violence against girls and women as well as men they believe have superior access to the sexual bodies of women.

But, in modern times, there have also been powerful movements *promoting* sexual abstinence as a ‘good’ – at least, before marriage. While some nineteenth- and twentieth-century feminists advocated celibacy as a way of resisting the oppression of women by ‘patriarchy’, a countermovement developed that preached abstinence from an evangelical Christian, right-wing, and *anti-sex* perspective.

The abstinence movement in the U.S. is the most prominent of these movements. Although right-wing Christian Evangelicals began attacking what they saw as ‘promiscuous’, atheistic, and (often) pro-communist sex education in the 1950s, from the 1980s, they turned their attention not to *eradicating* sex education in schools (a battle they acknowledged to having lost) but to changing the *content* of what was taught to emphasise ‘abstinence only’. Phyllis Schlafly (the anti-Equal Rights Amendment activist and founder in 1972 of the Eagle Forum) was a leading voice in abstinence-only sex education. She believed that...

“The major goal of near all sex education curricula being taught in the schools is to teach teenagers (and sometimes children) how to enjoy fornication without having a baby and without feeling guilty. This goal explains why the courses promote an acceptance of sexual behaviour that does not produce a baby, such as homosexuality and masturbation. This goal explains why they encourage abortions and all varieties of contraception.... This is why the courses shred [sic] the girls of their natural modesty.”

Although led by groups such as the Eagle Forum, Concerned Women for America, American Family Association, Focus on Family, Traditional Values Coalition, and Citizens for Excellence in Education, abstinence-only sexual education has been supported at federal as well as state levels. The most influential pieces of legislation were the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Title V of which provided \$250 million for abstinence-only education), the Adolescent Family Life Act, and the Department of Health and Human Services Special Projects of Regional and National Significance. In the late 1980s, one in fifty teachers taught abstinence-only education; by 1999, this was one in four.

Abstinence-only sexual education teaches that young people should practice abstinence until married and, once married, only with their spouse. The harms of sex outside of monogamous marriage are enumerated at great length, including social, economic, psychological, and health problems. Even kissing and touching are proscribed – largely because they will inevitably lead to what is called ‘full’ intercourse. Contraception is taught only in the context of unreliability. Girls and young women are told that they should fear sex, recognise that boys and men are incapable of controlling their genitals, and that marriage is the only haven from sexual victimisation and rape. Girls and women are held responsible for male sexual urges, being told to ‘Watch what you wear, if you don’t aim to please, don’t aim to tease’ and ‘Because they generally become aroused less easily, females are in a good position to help young men learn balance in relationships by keeping intimacy in perspective’. They frequently use a post-feminist ‘empowerment’ rhetoric – telling girls and young women that they need to protect themselves from the rapacious desires of their male friends while resisting the ‘pornification’ of modern society. In the educational video, ‘No Second Chance’, which is distributed by ‘Focus on the Family’ and aimed at 11–13-year-old children, a young boy asks, ‘What if I have sex outside of marriage?’ He is told, ‘well, I guess you’ll just have to be prepared to die. And you’ll probably take with you your spouse and one or more of your children’. Having sex outside of marriage is said to be like a game of Russian roulette: ‘Every time you have sex, it’s like pulling the trigger – the only difference is, in Russian roulette, you only have one in six chances of getting killed’. Sex out of ‘wedlock’ is scary and lethal. Virginity followed by heterosexual, monogamous marriage, the solution.

It is also a highly lucrative, commercial movement, selling t-shirts, rings, and temporary tattoos (‘I’m worth waiting for’), while hosting ‘purity balls’ and music concerts. Young women are encouraged to take ‘virginity pledges’, which typically involves being given a ‘virginity ring’ by their father. In effect, they ‘marry’ their fathers who ‘give them away’ on their real marriage day. Such activities have become mainstream due to the popularity of organisations such as True Love Waits, the Silver Ring Thing, and promotion by celebrities such as Selena Gomez. In 2013, one in every eight American girls and young women had taken the pledge of abstinence.

What is driving sexually repressive abstinence movements? Proponents tie sex education to social issues such as 'single moms' as a leading cause of poverty and 'welfarism'. Much of the rhetoric hints at the need to control allegedly 'hypersexual' BME teens, ensuring they don't become 'welfare-dependants' and female-headed households. The 'purity' of white adolescents needs protecting. This was what Jessica Fields concluded in her ethnographic study of sex education in the North Carolina school system. Advocates of 'abstinence-only sexuality education' believed that...

"Their curricula would protect innocent children from others' corrupting influence; racialized language and images suggested that these 'others' were poor, African American girls.... The rhetoric... forestalls concern about boys' and men's sexualities, elides the specificities of African American women's and girls' sexual lives, and fails to recognize African American girls and women as simultaneously sexual, struggling, and worthy of protection."

A leading proponent could even be heard defending the programmes on the grounds that 'the black community... [is] not going to learn to punch the time clock and to be there on time and produce a day's work if they can't even control their own emotions in the important area of sexuality'. This is sexual repression in the name of capitalist production, classist exploitation, and racism.

Abstinence-only programmes have been widely supported despite abundant research demonstrating that they not only don't succeed in convincing young people not to have sex but actually *increase* levels of sexually transmitted infections including HIV/AIDS and premarital pregnancies due to the propagation of misinformation. A congressional investigation into the content of these programmes revealed that 80 per cent 'use factually incorrect curriculum or teach distorted information about reproductive health'. Young women who take these pledges actually engage in *more* risky sexual behaviours, including unprotected fellatio and anal sex. The U. S. leads the industrialised world in teen pregnancy and sexually transmitted infection rates. Abstinence-only programmes discriminate against girls, young women, and marginalise LGBTQ youth. It is ironic that the attempted repression of youth sexuality has led to an obsessive proliferation of discourse about their sexuality.

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This is a disheartening view of human sexuality as something to be feared, constrained, and repressed. But there have been other movements, which have embraced celibacy as empowering, especially for women. As we saw in the last lecture on Monogamy, heteronormative marriage has been regarded as central to the creation and stability of the liberal state, private property, gender hierarchies, and capitalism. This powerful mix has been resisted by *voluntary* celibate movements in nineteenth- and twentieth-century America. These include the Shakers, the Koreshans, and the Sanctificationists (later known as the Women's Commonwealth). They contended that the family was an exploitative institution that harmed its members. Indeed, sexual desire *itself* was damaging to human flourishing. Instead of base *physical* lusts, members of these groups sought *spiritual* communion, which would herald in a kind of 'heaven on earth', based on cooperation, equality, and peace. They jettisoned 'husbands and wives' for 'brothers and sisters' living in harmony and transcendent love. Their communal systems of production and distribution benefitted all members, but the gains for girls and women were particularly stark since women were freed from the demands of childbearing, child rearing, and economic dependency on menfolk. Celibacy was the royal road to female autonomy.

From the 1960s, one section of 'second wave' feminism also identified celibacy as liberating. Radical feminist groups began to advocate *political* asexuality as a response to *compulsory heterosexuality*. The most famous of these groups was Cell 16, a radical feminist group based in Boston. Between 1968 and 1973, they advocated feminist heterosexual (as opposed to lesbian) separatism. As Dana Densmore contended in her 'On Celibacy' article,

"One hangup to liberation is a supposed 'need' for sex. It is something that must be refuted, coped with, demythified [sic], or the cause of female liberation is doomed.... The guerrillas don't screw. They eat, when they can, but they don't screw. They have important things to do, things that require all their energy."

For such feminists, sexual liberation was judged to be just another way men sought to oppress women. Consequently, denying men access to women's bodies was the most radical of feminist acts because it attacked the heart (or, more pointedly, the prick) of patriarchy.

Their critique of compulsory heterosexuality (which was taken up even more vigorously by lesbian movements of the period, albeit resolutely shorn of its abstinence), took a *non-political* and, arguably, *anti-sexual* turn from the 1970s. Rather than compulsory *heterosexuality*, self-identified asexuals began commenting on compulsory *sexuality*. Asexuals claim not to experience sexual desire or attractions. The term had been coined by Myra T. Johnson in her 1977 article entitled 'Asexual and Autoerotic Women: Two Invisible Challenges'. For her, asexuals were people who 'despite their physical or emotional condition, sexual history and relational status or ideological orientation, chose not to engage in sexual activity'. The most widely cited estimates of the proportion of people who are asexual was calculated by Anthony F. Bogaert in 2004. Based on a national probability sample of around 18,000 British residents, Bogaert concluded that one per cent of the population were asexual. He argues that, unlike celibacy, which is a *choice*, asexuality is a unique sexual *orientation*. As we will see shortly, this notion that asexuality is *sexual* has been questioned, as has the idea that it is an *orientation*.

The *compulsory* nature of sexuality is starkly exposed by the way it has been pathologized within psychiatric and sexological literatures from the late nineteenth century onwards. Those of you who have been following my lectures will be familiar with the famous psychiatric text *Psychopathia Sexualis* (1886) by Richard von Krafft-Ebing. It will come as no surprise, therefore, to hear that this obsessive categoriser (who 'named' 'sadism' and 'homosexuality', to name just two) identified a disorder that he called 'anaesthesia sexualis'. Krafft-Ebing defined it as the 'absence of sexual instinct' in which 'all organic impulses arising in the sexual organs, as well as all concepts, and visual, auditory, and olfactory sense-impressions, fail to excite the individual sexually'. Krafft-Ebing believed that 'anaesthesia sexualis' was due to 'cerebral disturbances, states of psychical degeneration, and even anatomical signs of degeneration'. Its causes could be 'organic and functional, psychical and somatic, central and peripheral'.

In the late 1940s and early 1950s, sexologist Alfred Kinsey toned down Krafft-Ebing's harsh judgement. His 'Kinsey Scale' of male sexual behaviour ranked sexual orientation from 0 (meaning 100% heterosexual) to 6 (meaning 100% homosexual). Because there was no place in the Scale for those with 'no socio-sexual response', Kinsey added a category 'X'. Later, when Kinsey and his co-authors turned to female sexual responses, they added a note stating that 'after early adolescence there are very few males in this classification' but a 'goodly number of females' experienced no sexual response. Indeed, he estimated that between 14 and 19 per cent of unmarried women could be categorised as asexual.

From the 1970s, asexuality became enshrined in medical manuals. It was a 'desire disorder'. Most notably, the 1980 edition of the *Diagnostic and Statistical Manual (DSM-III)*, the so-called 'Bible' of the American Psychiatric Association and used by psychiatrists worldwide, included Inhibited Sexual Desire Disorder (HSDD), which was changed in the revised 1987 edition to 'Hypoactive Sexual Desire Disorder' (HSDD). The change in title is significant: it represented a shift away from the more psychodynamic concept of 'inhibited' to a term signalling *deviation from the norm*, 'Hypoactive'. People suffering from HSDD possessed 'persistently or recurrently deficient (or absent) sexual dynamic and desire for sexual activity', according to the 1994 edition, and, to be diagnosed, had to be accompanied with 'distress or interpersonal difficulty'. In the most recent DSM-5, the diagnosis has been gendered, with distinctions made between Female Sexual Interest/Arousal Disorder (FSI/AD) and Male Hypoactive Sexual Desire Disorder (MHSDD). According to the manual,

"If a lifelong lack of sexual desire is better explained by one's self identification as 'asexual', then a diagnosis of female sexual interest/arousal disorder would not be made.... If the man's low desire is explained by self-identification as an asexual, then a diagnosis of male hypoactive sexual desire disorder is not made."

In other words, to warrant a diagnosis, a woman's 'lack' of sexual desire has to be 'lifelong', while men only need 'low' (not a total 'lack' of) sexual desire. It is a classic case of the social construction of sexed bodies, with sexual desire more integral to males than females.

The pathologisation of asexuality has consequences. Because sexuality is seen as a 'good' in a relationship – it is necessary to make the other person 'happy' and to express intimacy – the stigma of 'not desiring' can lead to unwanted, *even if 'consensual'*, sexual intercourse. In other words, asexuals may engage in sexual intercourse with their partners in order to 'please' them. This form of compulsory sexuality has effects for people who *do* possess sexual urges. Around 65 per cent of women and 40 per cent of men admit that they have engaged in consensual but unwanted sex. The fact that many sexual as well as asexual people engage in sex solely to please a partner says a great deal about the importance placed on sexual activity in relationships. This is the cultural scaffolding underpinning rape culture.

For asexuals, the pathologisation of people without sexual attraction has been used to legitimise ‘corrective’ or ‘reparative’ therapies. It contributes to the further extension of ‘Big Pharma’ to ‘treat’ such disorders. Indeed, ‘female sexual dysfunction’ (FSD) in its broadest sense has been one of the pharmaceutical industries most flourishing fields of expansion. This can be illustrated by looking at the declaration of interests logged during the annual conference on ‘Continuing Medical Education’, which has been hosted at Boston’s University School of Medicine since 1999 and is widely considered to be the ‘central international clearing house for research on FSD’. At the conference in 2000, over half of all speakers disclosed a link with one of more pharmaceutical company; of the high-profile ‘Grand Master’ speakers, 88 per cent declared a link. There are also *direct* links between the diagnosis of Female Hyposexual Desire Disorder and the psychopharmacology literature. One of the treatments is Flibanserin, originally a drug to treat depression but, from 2006, aggressively marketed by Boehringer Ingelheim to ‘treat’ FHDD. They based part of their marketing campaign on research by scholars who purported to show that nearly 40 per cent of a cross-sectional survey of over 31,500 women experienced low sexual desire. As Annemarie Jutel shows, however, the problem is that Boehringer Ingelheim employed the authors. In Jutel’s words,

“Buttressed by science (that the pharmaceutical industry itself has funded and organised) Boehringer Ingelheim set forth on an awareness campaign to highlight the frequency, under-diagnosis and consequences of FHSD... This makes the industry’s support of the work a logical step in their commercial strategy.”

This is not to fall into the trap of making a simplistic link between the pharmaceutical industry and the invention of a disorder. As Jutel explains,

“The industry cannot conjure a classification out of thin air. A particular social context must provide the back drop for the disease-branding that Boehringer Ingelheim is undertaking with FHSD. In this case, an age-old angst over women’s sexuality, overlaid by the commodification of sexuality.”

Pathologisation has had a devastating impact on asexuals. For example, the authors of an article entitled ‘Intergroup Bias towards “Group X” [that is, the ‘X’ category in Kinsey’s Scale] found significant evidence that heterosexuals dehumanised, avoided, and discriminated against Asexuals, even more than they did with homosexuals and bisexuals. In many parts of the U.S., asexuals cannot marry since marriage requires sexual consummation. Asexuals are bombarded with assumptions that they are abnormal – from the vast number of advertisements that sell products premised on sexual attraction, to popular culture that lauds ‘sexiness’. Kristina Gupta, a leading proponent of asexuality, complains that ‘asexual individuals are often denied “epistemic authority” in regard to their own (a)sexuality’. It is often assumed that asexuals are either underdeveloped, have sluggish hormones, or have suffered some trauma in the past. If male, they are presumed to be more feminine or less ‘virile’. If female, then perhaps they simply ‘haven’t met the right person’ or are ‘late bloomers’. They are less than fully human. When interviewing David Jay, the founder of an online community for asexuals, pro-sex columnist Dan Savage made this explicit. According to Savage,

“When you date, the assumption for 99% of humanity, is that you are out there dating, and looking for a mate, in part because you want to, well, mate.... And if you aren’t, you have an obligation to disclose that you aren’t.... if you’re presenting yourself as a carbon-based life form, a vertebrate, and you’re allowing people to assume you are a vertebrate, because almost all humans are, you have an obligation to disclose that you are actually a jellyfish.”

It is a revealing, phallocentric view of humanity – ‘real men’ are phallic vertebrates while those who lack sexual desire are soft ‘jellyfish’. To be ‘normal’ is to be sexual – heterosexual or LGBTQI. Viewing celibacy as a ‘lack’ has the effect of privileging sexuality as an unquestioned ‘good’ – and any ‘distress that an asexual might feel is more than likely due to being stigmatised and pathologized rather than by anything innately ‘wrong’ about not feeling sexual desire.

Asexuals have united to fight against this stereotyping. One of the themes of this series of lectures has been the individualising regimes of science, particularly psychiatry, in adjudicating the ‘normal’ from the ‘abnormal’, the latter becoming less a matter of moral *danger* to the community and more of psychological *dysfunction* of the individual. When asexuals began mobilising, they moved these debates from danger and dysfunction to *identity*. Although the first such organised groups was probably the Yahoo group, Haven for the Human Amoeba (HHA), created in 2000, the most prominent is the Asexual Visibility and Education Network. AVEN was founded by American college student David Jay in 2001, followed by groups such as The Official Asexual Society and The Official Nonlibidoism Society. They welcome a range of sexual identification, including gray-asexuals and demisexuals who experience context-based sexual attraction. Many refer to themselves as ‘ace’ (an abbreviation of asexual). For ‘insiders’, they can sometimes be identified by a black ring on their

right middle finger.

Asexuals provide a way of asking what I think are some interesting questions – including ‘what is sex?’ and ‘is asexuality a sexuality?’ Is it an identity like Lesbian, Gay, Trans, or Queer or is adding ‘A’ to LGBTQ essentialist? Is it simply another example of compulsory sexuality? Increasingly, thinkers such as C. J. DeLuzio Chasin and Gupta argue that, while there are short-term benefits in employing a ‘sexual orientation discourse’ (most notably, it can be mobilised to counter prejudice), the benefits are outweighed by a number of risks. These include shoring up the idea that heterosexuality is the ‘norm’ from which other ‘identities’ are marginal, contributing to the belief that sexuality itself is ‘normal’, and disallowing asexual ways of achieving intimacy. As Gupta puts it, rather than being a sexual orientation, asexuality is a ‘political movement or an opposition to the normal’. It is ‘both a way of being in the world and a preference for a particular form of intimate relationships’. In other words, asexuality is not a ‘lack’, but a positive way of being-in-the-world.

This is what an analysis of asexuality can contribute to the history of sex. It enlarges on feminist Adrienne Rich critique of ‘compulsory heterosexuality’ or Judith Butler’s ‘heterosexual matrix’. It points out that societies in the West are caught in ‘compulsory sexuality’ or the ‘coital imperative’. Steven Seidman calls this the ‘new tyranny of orgasmic pleasure’. Indeed, Karli June Cerankowski and Megan Milks insist that asexuality is a feminist practice that ‘radically challenges the prevailing sex-normative culture’. As Randi Gressard argues in ‘Asexuality: From Pathology to Identity and Beyond’ (2013), asexuality is ‘queer’ because it rejects compulsory sexuality, insisting that intimacy, community, and resistance have other sources than the sexed body. In this way, asexuals trouble my pro-sex position by undermining the pro-sex/anti-sex divide and suggesting alternative ways of ‘bodying forth’.

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To conclude. Through practices of enthusiastic consent, passive acquiescence, or active denial, people are recognised within relations of power, and both regulate and are regulated at individual, community, and population levels. Sexual identities are viewed as central to modern identities and while these identities can be fluid and contextual, they remain integral to being human. Throughout the lectures I have observed that there is a risk of abstracting sex from global capitalism, which regulates movements of capital (financial and human) at individual, community, and population levels – benefiting certain groups at the expense of others. I have been explicit about these risks in each lecture in this series ‘On Sex’.

However, in my series of lectures, I have also often juxtaposed anti-sex (in its many forms, including anti-porn and anti-sex work) with pro-sex (celebrating the full range of diverse desire and perversions), showing a clear bias towards the latter. Both the pro-and anti-sex camps are making normative assertions about what acts involving genitals are *progressive* and therefore *good*. But *both* are based on a flawed view of sex as somehow liberating. For the anti-porn/radical feminists, liberation could be achieved by purging sexual relations of ‘patriarchy’ or of its masculinist aspects. As we have seen in many of my lectures in this series, this has often led to uneasy coalitions between feminists and conservative movements, with damaging consequences in terms of fostering fears of intimacy and encouraging solutions based on a carceral state. They are steeped through and through with racist, classist, and other harmful ideologies.

But the sex-positivity view that suggests that we can ‘fuck our way to freedom’ (as Pat Califia memorably put it in *Macho Slut*) is also problematic. At the very least, it ends up admitting the power of compulsory sexuality. It assumes that sexual subjectivities are central to modern selfhood. It can omit to critique historical context and politics as something beyond the personal. It invites the risk of refiguring *self*-transformation as *social* transformation. By making the personal into something political – what we do or do not do in bed as liberating or oppressive – a world of structural harms is left unmoved. I *do* believe that sexuality can be subversive and serve the needs of social justice, but the politics of erotic resistance (in whatever form) is wholly inadequate to change our material worlds. Queerness is not enough.

References and Further Reading

Joanna Bourke, *Disgrace: Global Reflections on Sexual Violence* (London, 2022)

Joanna Bourke, *What It Means To Be Human* (London, 2011)

Karli June Cerankowski and Megan Milks, 'New Orientations: Asexuality and its Implications for Theory and Practice', *Feminist Studies*, 36.3 (fall 2010)

C. J. DeLuzio Chasin, 'Reconsidering Asexuality and Its Radical Potential', *Feminist Studies*, 39.2 (2013)

Randi Gressård, 'Asexuality: From Pathology to Identity and Beyond', *Psychology and Sexuality*, 4.2 (2013)

Kristina Gupta, 'Compulsory Sexuality: Evaluating an Emerging Concept', *Signs*, 41.1 (autumn 2015)

Annemarie Jutel, 'Framing Disease: The Example of Female Hypoactive Sexual Desire Disorder', *Social Science and Medicine*, 70 (2010)

Jean Calterone Williams, 'Battling a 'Sex-Saturated Society': The Abstinence Movement and the Politics of Sex Education', *Sexualities*, 14.4 (2011)