May 19th, 12:00 PM - 3:00 PM

The Language of Non-normative Sexuality and Genders

Emily Bolam
Western Washington University

Samantha Jarvis
Western Washington University

Follow this and additional works at: https://cedar.wwu.edu/scholwk

Part of the Higher Education Commons, and the Linguistics Commons

Bolam, Emily and Jarvis, Samantha, "The Language of Non-normative Sexuality and Genders" (2016). Scholars Week. 30.
https://cedar.wwu.edu/scholwk/2016/Day_one/30

This Event is brought to you for free and open access by the Conferences and Events at Western CEDAR. It has been accepted for inclusion in Scholars Week by an authorized administrator of Western CEDAR. For more information, please contact westerncedar@wwu.edu.
Language about non-normative sexuality and genders

**Asexuality**
Sexual orientation characterized by a lack (or partial lack) of sexual attraction to others
(Coined by David Jay in 2001)

**Intersex**
A person born as neither, both, or an indeterminate mix of male and female

**Transgender**
A person who does not identify with the sex/gender assigned to them at birth

What does it mean to be “non-normative”?
- Not adhering to standard cultural expectations (“norms”)
- **Heteronormativity**: people are naturally one of two genders (male or female) and heterosexual (attracted to the opposite gender)
- **Compulsory heterosexuality** and binary gender roles sustain and enforce heteronormativity

Main Points
- Non-normative genders and sexualities are pathologized and erased because they challenge cultural norms
- Language used in the medical community influences and reflects societal perceptions of non-normative identities
- Lack of cultural representation renders non-normative identities invisible

Approx. 1% of the population is asexual

Pathologization
- Confusion of sexual attraction and sex drive
- Assumed to result from hormonal imbalance or past trauma
- Associated with physical and mental disability
  - Personality disorders (i.e. schizophrenia, social anxiety, Neurodevelopmental disorders (i.e. autism spectrum)
- Asexuality in the DSM
  - IV. lack of sexual attraction symptom for HSDD (Hyposexual Sexual Desire Disorder)
  - V. lack of attraction + distress symptoms for HSDD and FSIAD (Female Sexual Interest/Arousal Disorder)
  - “Self-identification as asexual” precludes diagnosis unless distress indicated

Dehumanization
- 2013 study: asexuals viewed as “less human” and “more deficient” than other sexual minorities (incl. homosexual, bisexual, and sapiosexual)
- Sexual desire perceived as key component of humanness

Infantilization
- Sex viewed as central to adulthood ➔ disininterest in sex denotes immaturity
- “Late bloomer” mentality
  - Avg. age of first sexual attraction > 10 years old
  - Avg. age of asexual self-ID = 12 years old
- AVEN 2014 census: range of ages 13-77 self-ID as asexual

Conflation of gender and sexuality ➔ De-gendering of asexuality
- Loss of virginity = “becoming a man/woman”
- Being a man means sex with women, and vice versa
- AVEN 2014 census: 26% of asexuals self-identify as something other than male or female

Estimated that 1 in 100 babies are intersex
- In comparison, redheads are about 1-2% of the population
- May be physical, chromosomal or hormonal
- Also may not be present at birth- 1 in 66 girls have late onset adrenal hyperplasia (clitoral growth in childhood or adolescence)
- Most are declared intersex based on appearance of genitals—anything more than 3/8 in for a girl and less than 1 in for a boy is considered abnormal
  - If genitalia is ambiguous, classification depends on tests and doctors
    - Urologists tend towards boys and endocrinologists tend towards girls

Surgeries are usually done shortly after birth
- Removes the choice from the patients themselves
- Avg. of 3-5 surgeries required, sometimes as many as 22 over a lifetime
- Surgeries are mostly cosmetic in nature—can’t change someone’s biology w/o lifelong treatment
- NO surgery option is rarely talked about
  - 1 in 10 parents looked for information outside medical setting

Due to the nature of intersex, patients often have medical issues throughout their life and are often kept in the dark about their being intersex until well into adulthood
- The secrecy and childhood surgeries are even further damaging when intersex individual doesn’t identify with gender they were assigned

Transgender vs. Transsexual
- Transgender is anyone that doesn’t identify with their ASAB
  - ASAB= Assigned Sex/Gender At Birth
    - In western society we have mapped genders onto sex, so the assigned sex at birth decides the gender assigned at birth
  - Transsexual is an older term, specifically someone who has undergone sex-reassignment surgery
    - There is no single, homogenous ‘transgender community’

Forced to pathologize themselves to receive treatment
- Specific narratives about their bodies, identities to ‘prove’ to gatekeeping therapists and doctors that they need treatment
  - Could be as complicated as surgery and hormone treatment or as simple as legally changing their names and genders
  - Gender Dysphoria, previously Gender Identity Disorder, required to receive treatment
    - Many find that due to intolerance, even with medical diagnoses, they are unable to change their legal names or genders
    - An example of the kind of intolerance trans peoples face is the current situation in North Carolina

‘Real’/‘Biological’ vs. Trans
- When distinguishing between trans and non-trans peoples, using ‘real’ or ‘biological’ implies that trans men and women are not truly, biologically men or women.
- How the term ‘cis’ or ‘cissexual’ was coined
  - ‘Cis’ refers to people that identify with their ASAB