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[00:00:00] **ronni:** Welcome to, this is probably a really weird question. The podcast where a medical

[00:00:15] **rebecca:** doctor and a doctor of history talk about sex history and the not at all weird questions we hear from patients, students, and colleagues about our bodies and our sexualities. I'm Dr. Ronnie. Hi. And I'm Professor Rebecca Davis,

[00:00:32] **ronni:** and today's question is, am I

[00:00:35] **rebecca:** a sexual or do I have sexual dysfunction?

[00:00:43] Oh wait, so are we queering Latkas here? Oh yes.

[00:00:46] **ronni:** Let's Queer the Potato

[00:00:52] **rebecca:** So, friends, as we launch season two, we just also want to remind you to head to our website, really weird question.com to. [00:01:00] Look for our show notes and more information and resources, but also of course, the link to our fantastic merch, all kinds of t-shirts and bags and stickers that have quotes from the episode references to the magnificent Betty Dodson and all kinds of other things.

[00:01:16] You know, you want to have. All of the proceeds from that go straight to support this podcast. Ronnie and I are volunteering our time, but we have people who do make this possible who are not volunteers. So we have the foundation for Delaware County is our fiscal sponsor. There is a link on our website.

[00:01:35] To directly donate to us through the foundation for Delaware County, which is a 5 0 1 organization. Your donation is 100% tax deductible. Everything you donate goes to us to support this podcast to support the people who make this podcast happen. So thank you for your support and we are excited to bring you a whole lot.

[00:01:59] In [00:02:00] season

[00:02:00] **ronni:** two.

[00:02:06] **rebecca:** So hey Ronnie, welcome back. Welcome

[00:02:08] **ronni:** back to season two.

[00:02:11] **rebecca:** I can't believe it. We made it . We did. It looks like we made it. Good job. Yeah. It is amazing to see that we have. You know, released season one, and here we are, season two. Oh, but before we go any further, Ronnie, uh, do you remember that poll we did back at the end of season one about laka?

[00:02:34] Yes. Yes I do. And there was a sort of takedown battle over applesauce versus sour cream. I'm gonna just dig a little here. Um, do you happen to remember which one won? Ronnie Go ahead, .

[00:02:50] **ronni:** Go ahead and close Rebecca Apple sauce.

[00:02:54] **rebecca:** So apple sauce for the win. Uh, thank you to Nora Carlson, our social media.

[00:02:59] [00:03:00] Fantabulous person for constructing that Instagram poll. But we can definitively say as we, we offer here a definitive history . Um, we offer a definitive perspective on gender affirming healthcare. We also have the definitive results of the applesauce versus sour cream debate.

[00:03:17] **ronni:** I would just like to say that just because it's the majority opinion does not mean that it's right

[00:03:23] Oh

[00:03:23] **rebecca:** wait. So are you, are we queering Latkas here? Yes.

[00:03:27] **ronni:** Let's queer the potato .

[00:03:30] **rebecca:** True to form. So what's new? What's cooking? Boy, you

[00:03:33] **ronni:** know, not a lot. Just working a lot per usual. Delivering babies. Seeing a lot of people in clinic teaching our L G B LGBTQ Health Fellows. Well, I guess that's new. We just accepted our.

[00:03:46] LGBTQ Health Fellows for the 20 23, 20 24 academic year. Tell

[00:03:52] **rebecca:** me about those. What's, what is this program? So

[00:03:54] **ronni:** the, the L G B T Q Health Fellowship is funded by the [00:04:00] American Medical Association. Foundation, university of Wisconsin was chosen as the inaugural site for this one year L G B T Q Health Fellowship, which aims to train primary care physicians, so that would be family docs, internists, general pediatricians, to provide really high quality L G B T Q affirming primary care.

[00:04:23] And so we are in the middle of our first. Building the curriculum, and it has been such a labor of love and we have already extended offers to our next year's fellows. So it's really, really exciting. That's amazing.

[00:04:40] **rebecca:** And. So needed and like a little dollop of sunshine in the world of Transhealth and otherwise L G B LGBTQ affirming healthcare given the current trends.

[00:04:52] So we're all like little

[00:04:53] **ronni:** salmon swimming upstream. , we're gonna get there.

[00:04:57] **rebecca:** Yes. Yes. That's wonderful.

[00:04:59] **ronni:** [00:05:00] Well, congratulations. Thank you. How about you? How about in the history world? What's new?

[00:05:04] **rebecca:** A hot load of nothing. I'm just writing. I'm writing and writing. And then I wake up the next day and I write, and I write, and sometimes I lie on the floor and take a nap, , and sometimes I get back up again.

[00:05:15] I keep writing. Um, it's very glamorous. It's very glamorous. I'm writing a narrative history of sexuality in the United States from 16th century through 2022 or something, bananas like that. It is a labor of love. It is so super exciting and also hugely challenging. So I'm, I'm mm-hmm in the weeds, but enjoying it.

[00:05:37] **ronni:**

[00:05:39] I'm glad you set a very manageable task for yourself. I tend to, the entire is three.

[00:05:47] **rebecca:** The whole sex and sexuality, a small and easily confined

[00:05:52] **ronni:** topic. Well done. Kudos. Thank you. So speaking of salmon swimming upstream to spawn , should we talk [00:06:00] about the biological imperative to have sex ?

[00:06:04] **rebecca:** So, Ronnie, I have a pretty embarrassing confession.

[00:06:07] Oh my gosh. A few years ago I was teaching. , a great group of undergrads, men. I teach only terrific undergrads. The most interesting and dynamic students come to these classes and I adore them. And one of these students came up to me after class and we were chatting and she let me know that she was ace.

[00:06:28] Mm-hmm. . And I was so embarrassed, and I still am because I didn't know what that. And she clarified that she meant that she identified as asexual. Mm-hmm. . I knew what that meant, but I had never heard that term. A, the lingo. The lingo. And what I've subsequently discovered from talking to other friends about this is outside.

[00:06:50] Certain LGBTQ circles, which apparently at the time I wasn't even in the, those terms aren't very well known. So for [00:07:00] our listeners out there who may never have heard the term ace, or even the term asexual as an identity welcome in, like this is all good. This is the learning process. When we hear people identifying themselves with words we don't know, it's an opportunity to learn something about.

[00:07:16] Who they are and the identities that they claim. So I just wanna also just put myself in that same position of, you know, being a learner continually. It was one of those many moments where I feel a hundred years old when I'm talking to my undergraduate students.

[00:07:30] **ronni:** Well, I have to say, you know, I, I once had a mentor say something really helpful to me, and I would say, , I will say it to you now, which is you cannot know that which you have not yet learned

[00:07:42] So feeling, feeling embarrassed about not knowing something, although it is a very natural human response, I think doesn't, I don't know. Don't, don't know how well it serves you.

[00:07:51] **rebecca:** I'm getting a lot of therapy in this episode already. I'm talking about, put it on my bill. Thank. So I wanted to tip my hat to Professor [00:08:00] Elizabeth Reese, who over an email let me know that this is a question that she has heard when teaching medical ethics classes, am I asexual or do I have sexual dysfunction?

[00:08:10] And when I broached this question with you, you said you'd also come across it in your practice. So I'm really curious to know when and how this is a topic that you encounter. Yeah,

[00:08:22] **ronni:** I would say it's certainly a topic that I'm encountering more and more. Mostly it comes up when I'm taking a sexual history with my patients.

[00:08:32] And for those of you who have not yet listened to our premier episode, season one, episode one about taking a sexual history, take a listen cuz there's some really great information in there about how we can take care of our patients better in that way. So when I talk to people about their relationships and how they're sharing their body or how they're not sharing their body, sometimes people will self-identify as a c [00:09:00] asexual.

[00:09:00] It also can come up around conversations that we have with patients when we're discussing risks and benefits of starting gender affirming hormones, because gender affirming hormones can really change people's sexual desire and also can. Impact fertility. And so talking about asexuality comes up in all sorts of ways around gender, sexuality, contraception, general sexual health.

[00:09:30] **rebecca:**

[00:09:31] So, to go back just a step, what does it mean to be asexual? Like what, when someone tells you that that's their sexual identity, what does that mean?

[00:09:41] **ronni:** Great question. Uh, and I would say it is a definition that is in flux, like much of our language around sex and gender. But a nice, it would say, a nice summary statement would be that someone who is asexual or who.[00:10:00]

[00:10:00] Identifies as asexual is somebody who does not experience sexual attraction to any gender and or someone who has no desire for partnered sex. There's really considerable diversity among the asexual community, and so I'm probably gonna be kind of annoying during this episode and saying a lot of, well, it depends, or if you identify that way, then you're asexual.

[00:10:27] But in general, we think. asexuality within the L G B T Q IA spectrum, and it is separate from libido or sex drive or behavior. It really has nothing to do with libido or actually with behavior between people.

[00:10:51] **rebecca:** Oh, wait, so, okay. That's different even than I think what I understood. So someone who's asexual.

[00:10:57] could feel sexual desire. [00:11:00] Mm-hmm. , but just doesn't want to have any sex.

[00:11:03] **ronni:** Absolutely. So when I say that asexuality is not dependent on behavior, what I am trying to say is that somebody who is asexual May m. And or they may engage in sex with other people for a wide variety of reasons, either because it feels nice or because they wanna connect with their partner in a way that's enjoyable to their partner.

[00:11:30] But regardless of. How you're using your body with partnered sex or for solo sex, that doesn't actually affect your sexuality, right? So you can still be asexual and have sex with other people. You can still be asexual and be attracted to people. Whether or not you consume pornography that also doesn't affect your sexuality.

[00:11:52] All of those people still get to be asexual. Okay.

[00:11:55] **rebecca:** That is fascinating, and I can imagine that those details [00:12:00] are often misunderstood, so thanks for clarifying. Absolutely.

[00:12:04] **ronni:** There are all sorts of absolutely hilarious analogies about asexuality and what it means to be asexual, and we'll put some links to them in our show notes.

[00:12:15] But some of the ones that I found most helpful as I was researching for this episode is if you think about. Libido or sex drive as a type of itch, right? Some people are itchier than others, but it kind of doesn't matter how much you're itchy, what matters is. Thinking about how you wanna scratch your itch, right?

[00:12:40] So if you would like help scratching your itch, and if you would prefer it from someone of your own sex, then that's homosexuality. And if you get itchy and you want someone from the opposite sex to help you scratch your itch, then we call that heterosexuality . But if you get an itch and you really don't want [00:13:00] anybody to help you scratch it, then that's kind of like being ace

[00:13:04] **rebecca:** I love that. Isn't that a great analogy? It's a little gross, but it's good too. . Like much of sex. It's a little gross. Yes. No, that's great. And so then if that's asexuality, then what are we talking about when we talk about sexual dysfunction?

[00:13:22] **ronni:** So in its most narrow definition, and I think keeping it narrow is gonna be helpful for this conversation.

[00:13:30] It is a defined. Medical conditions. So if you hearken back to our discussions about gender dysphoria and the D S M or the Diagnostic and Statistics Manual, which is our, our large book of psychiatric diagnoses. Hypoactive Sexual desire disorder. So whenever you hear hypo at the beginning of something, it means low.

[00:13:57] So Hypoactive Sexual Desire Disorder [00:14:00] or H S D D is defined. in the D S M. So again, similar to our gender dysphoria conversation, it's defined as a persistent or recurrent absence of sexual fantasies and desire for sexual activity. And then that absence causes either personal distress or inter.

[00:14:24] Difficulties. The other thing, the other criteria for this diagnosis is that there can't be other stuff going on that could explain these low sexual desire, right? So you can't have low functioning gona or some other like psychiatric diagnosis, like depression or anxiety. And then it can either be.

[00:14:47] Classified as a lifelong or acquired, or it could be situational. The International Society for the Study of Women's Sexual Health have a definition that says that [00:15:00] either a lack of motivation for sexual activity or a lack of desire to initiate or participate in sexual activity has to be accompanied again by clinically significant personal distress, and it has to be present for at least six.

[00:15:15] Fascinating. So there are some, some researchers who wonder if perhaps asexuality is actually a variant of H S D D. And there have been some studies. Few because I think the literature on asexuality and asexuals is relatively young and developing, but they compared. Ace people and um, non ace people sometimes called Asexuals.

[00:15:45] They actually used a scale called the Asexuality Inventory Scale, and this is Googleable if you're interested in seeing what the scale is and people who had higher. Asexuality inventory scale [00:16:00] scores were more likely to have no previous sexual interactions, and they were more likely to have no fantasies like sexual fantasies and a lower likelihood of experiencing stress in related to their decreased sexual desires compared to people who actually met criteria for H S D D.

[00:16:20] So those findings suggest that asexuality. is distinct from hypo sexuality disorder.

[00:16:29] **rebecca:** So someone who's asexual is less likely to be thinking about it.

[00:16:31] **ronni:** Um, I suspect that people who are asexual have to think about it quite a bit because we're often faced with all sorts of messages from. Media and movies and family about what their expectations are for people around relationships and family building.

[00:16:54] So I think folks probably think about it quite a bit, but they are less [00:17:00] likely to be stressed about it. Ah, okay. Right. So if you're somebody who, for example, previously had a very rich and busy sexual life, and then something changes and. Sexual desire goes way, way down, and that is stressful for you or it's causing difficulties with your relationship, then you would kind of fit into that category of H S D D rather than asexuality because you're not somebody who's coming into that season of less sexual activity already identifying as an as an asexual person.

[00:17:37] **rebecca:** Got it. I'm totally fascinated by this whole topic because asexuality. Is something that it's tricky to trace historically. Mm-hmm. because for so long it was just assumed that huge segments of the population did not have [00:18:00] independent sexual drive. That libido was something that was principally male and that.

[00:18:08] In the context of a committed relationship or marriage, something that the man would awaken in the woman. Mm-hmm. . And it's also the case that historically presenting as asexual, presenting as a person without a sex drive or a sex interest was a strategic choice that people in marginalized communities, particularly women in marginalized communities, could.

[00:18:34] To avoid predation, to avoid being seen as sexually available to people who would harm them in that way or would take advantage of them, or would sully their reputation, right? If you're a single woman trying to make it in a profession, for example, if, if Ronnie, if you lived in the 1860s or seventies and wanted to be a physician, a public persona as asexual would've been a really wise career move [00:19:00] because you certainly already had.

[00:19:02] Uh, lots of people questioning your respectability by the very fact that you were attending university courses and setting up your own clinic or your own practice speaking in public, and possibly, god forbid, seeing male bodied patients, right? I mean, there's all kinds of reasons that people would have been strategically asexual in the past.

[00:19:25] **ronni:** It's a little bit hard for me to get my brain around actually, because when I think. Asexuality. It is so much more of an internal identification, right? Do you personally identify as somebody who is asexual and almost what you're describing is the external perception of somebody not being promiscuous or something like that?

[00:19:49] **rebecca:** So what it's interesting about this is it wouldn't have made a whole lot of sense 200 years ago, 150 years ago. For a middle class white woman to [00:20:00] say, I'm asexual. That's my identity. Because everyone would've said, well, of course you are. You're a middle class white woman. What else would you be? Right? So, but wouldn't you,

[00:20:11] **ronni:** I feel like that is the, this is going back a long time ago, but as a young, impressionable person, I remember references to people being frigid

[00:20:26] **rebecca:** Right. And. I thought that was kind of considered not great, right? Like, oh, your wife is frigid, so that's, you're getting more into the early 20th century. So that's under sort of a psychoanalytic Freudian umbrella that this frigidity diagnosis comes in. And so that's a really, what you're pointing to is actually a really important historical shift by the early 20th century.

[00:20:42] There is this growing acceptance of the idea that sex is really important to marriage and mutual. Sexual pleasure is important to marriage, and what this leads to is a lot of, on the one hand, oh my God, we've gotta teach men how to arouse and sexually please a woman because. [00:21:00] This is going to help the marriage survive.

[00:21:03] Uh, footnote divorce had become a lot easier, , so the fear was that sexually frustrated or disappointed women would be able to exit marriages far more easily than ever before. But there was this new, okay, like everybody has this and we have to make sure that everybody's being pleased within the marriage.

[00:21:23] If you wanna think about it from a really sort. Feminist angle that a lot of male psychoanalysts and psychiatrists looked at, women who were saying, Nope, it's not fun. Still not having fun, not doing it for me, and said, oh, you're frigid, right? Mm-hmm. , and that this is a, that this is an internal problem in the woman that she is.

[00:21:45] Not getting aroused. Oh, interesting. At the same time, it was all about, if you're in this Freudian psychoanalytic framework, the only acceptable way for a married couple to experience mutual orgasm was during penis vagina sex. [00:22:00] Okay. Which we know. Is orgasmically possible for about one third of women?

[00:22:07] Mm-hmm. . So all the other women who were having sexual intercourse this way, those who had access to psychoanalytic care and would've been, you know, a very elite. Subset of people who were complaining about this. The blame was put on the women for not sure, enjoying Saxon for being frigid, and it was also a diagnosis for feminism

[00:22:29] So it was a way for . It was code for She's so angry all the time, right? Yeah. She's constantly complaining and angry and doesn't feel that she's being heard and that her ambitions are being thwarted and so on. So Frigidity is a really historically specific diagnosis. That comes out of Freudian psychoanalysis and psychiatry, and is also broadly anti-feminist up through like World War II.

[00:22:54] So there's this whole theory of like, why are American men not tough enough? [00:23:00] Which. In and of itself is like a hugely problematic statement to make, but it was right. There was this concern that American men weren't tough enough and while it's their mothers, and it's because their mothers are frigid and controlling, sexually dissatisfied women, projecting desires onto sons, trying to control their lives.

[00:23:18] This whole sort of, wow, that's, yes, it's called Momism. Oh, I'm getting a little bit off on a tangent, but that was what Frigidity meant, whereas like in the 19th century, In the United States. For white women, it was more likely presumed that absent the diligent stimulations of a marital partner, no woman would independently have

[00:23:42] **ronni:** sexual desires.

[00:23:44] I see, man, this is so interesting. Unless she

[00:23:46] **rebecca:** was a sex worker, the only, no seriously, like a woman who independently was like, yeah, I'm, I'm like into it. I wanna go out and, you know, enjoy sex, reputation, gone. She's, she's done,

[00:23:58] **ronni:** man. And [00:24:00] I, you know, I wanna also make sure that we talk about celibacy as well, because I think that that sometimes gets mixed up in all of this.

[00:24:09] Yeah. Discussion, right? So celibacy is a behavior, it's a conscious choice as opposed to asexuality, which is a sexual orientation. And what you were describing earlier about. Strategic asexuality. You weren't necessarily describing celibacy, you were describing kind of how you were perceived outside of your home.

[00:24:33] **rebecca:** I was, and I think our sexual identities are historical. Mm-hmm. . I think that there's a real risk in thinking that people 200, 400, a thousand years ago felt and experienced sexual identities the same way we do. because we know that so much about the environment we're raised in the world around us shapes who we are and what we desire, and how we express what we [00:25:00] desire.

[00:25:00] Sure. So, you know, I think that part of the history of strategic asexuality is that it's very difficult to look back at people from that period and really know who is according to what we call asexuality today. Who is asexual versus who is using it as a strategy, but also to what extent could someone who persistently adopted that strategy really come to a place of acceptance or sort of adoption of that identity of, of.

[00:25:33] Moving into that identity. So for example, in talking about sex with friends who were raised in households where they were more sort of conservative, where they were, sex was never discussed. This idea that they were supposed to feel a lot of sexual desire was not something that they grew up with. Mm-hmm.

[00:25:50] Right. So I think the expectations that surround us can shape who we are and how we come to understand the feelings we have and the desires we have, and the ones that we don't. [00:26:00] Mm-hmm. and celibacy. Absolutely. I agree. I. If you think about it in terms of certain religious communities, the whole point is that celibacy is a huge sacrifice.

[00:26:11] Mm-hmm. . So the premise is that sexuality is a basic human. To drive. And so to deny yourself sexual expression is like taking a vow of chastity, like taking a vow of poverty, that no one wants to be poor, that no one wants to be celibate. But that in being so you are proving your devotion to God, you are making an enormous sacrifice of a basic human drive in order to really demonstrate that you.

[00:26:42] You know, seeking holiness or sort of living in a pure, more sacred way. Mm-hmm. ,

[00:26:47] **ronni:** you know, I think that also kind of speaks to expectations, right? That lots of L G B T Q folks face when they're coming out, or when they're family building or when they're relationship building about, [00:27:00] about what is expected of people in.

[00:27:04] Today's world around sex, and I think that that leads to a lot of either intentional or unintentional. Harmful language around asexuality. You know, like asexual folks get asked or told all sorts of things that are very hurtful, right? Like, oh, if you, you tried it and you didn't like it, you just did it wrong.

[00:27:26] Right? And that's not, that's not what asexuality is, or, you know, but sexuality, you know, it, it's part of being human or you. You just haven't met the right person or, or you have a disability or you're a nerd, right? Like all of these things that people get told about their sexual identity that are just not true,

[00:27:47] **rebecca:** and okay, this will surprise you, but I'm going to tell you that that point of view has a history.

[00:27:52] Oh. And so it's really this idea that. Everyone should be sexual, everyone. And to be a fully realized, [00:28:00] liberated human being, you need to experience sexual pleasure. You need to have orgasm, you need to express your sexuality. That's really comes out of the 1960s and 1970s out of all the social ferment and cultural change that's going on in the United States and Europe and throughout the world during that time.

[00:28:22] But there are some very influential. French writers and German thinkers who influence American radicals like make love not war was not just a slogan. There were actually people who believed that if everyone just stopped fighting and had sex , like the energies released, the positive orgasmic energies released would just completely obliterates the drive for war.

[00:28:45] Wow. So that's what that slogan meant. It was literal, like if we all just stopped what we were doing. And fucked each other that we would end wars and conflict everywhere.

[00:28:56] **ronni:** Like everybody would be so blissed out that they wouldn't have any, [00:29:00] any energy left over for

[00:29:02] **rebecca:** urm. If we could just recreate that scene in the Matrix where there's like that, that crazy mass orgy scene.

[00:29:10] **ronni:** Is there an orgy in the matrix?

[00:29:12] **rebecca:** Isn't there? There's like a huge dance scene. It's like this huge, and it's like highly erotic. There's like all kinds of stuff happening.

[00:29:19] **ronni:** Yeah, I would just like to say that there is a difference between a lot of people

[00:29:23] **rebecca:** dancing together. No, but no, but it's, it's, but there's also people having sex.

[00:29:27] There's, there's like a total giant origin. It's like they are

[00:29:30] **ronni:** all dancing and having physical contact with one another, but I don't know that

[00:29:34] **rebecca:** they're having sex. Oh no. That's how I interpreted that anyway. But to go back to what I was saying before, yeah. So yeah, this idea that you should be sexual, Everyone should, and that you cannot be a fully realized person unless you are also expressing and experiencing your libido.

[00:29:53] That's not like a timeless idea. Like even if you look at examples of, you know, the [00:30:00] bachelor uncle or the, the maiden aunt. Right. In times past, mm-hmm. , perhaps this person was queer. Like that was often they had a, a friend who stayed with them, but often we can look back and say, you know, I wonder if a lot of those folks were asexual and really we're just fine.

[00:30:19] Yeah. They, they had a fully realized life. As the unmated member of, you know, an extended family or independent person, however, whatever their life setup was and that all these examples of what we would today describe as an asexual person were all there in the historical record. There was not a sexual identity of asexuality.

[00:30:46] That those people could have claimed or latched onto. It was just more presumed that if you weren't coupled with someone that this would be less of an issue, but there wasn't as much social pressure to be sexual. Right. So to be [00:31:00] non-sexual was not a big deal.

[00:31:02] **ronni:** Boy, humans just can't win in America. Right?

[00:31:05] It's either like, sex is only for procreation and we don't discuss sex and pleasure at all. Or like, You have to have sexuality and everybody needs to be fully orgasmic to be fully realized as a human being. . Yeah, for sure. This is probably also a nice opportunity to say like, being asexual is normal and it's healthy and it does not make you wrong or broken, or any of that stuff it.

[00:31:37] It is a valid sexual orientation and there are plenty of people who identify as asexual who. Rich, wonderful lives with all sorts of relationships that are not based around sex or physical contact that live happy, wonderful lives. Right? Being aced does not mean that you're [00:32:00] emotionally distant. It doesn't mean that you're a trauma victim or that you are disordered.

[00:32:06] There are plenty of ways to have relationships.

[00:32:09] **rebecca:** One of my favorite. Scholars for learning about this and thinking with this as a sociologist named Janice Irvine, who is this wonderful book called Disorders of Desire and the book is a history of how things like sex addiction on the one hand, or lack of sexual interest on the other come to be defined.

[00:32:30] And what the then treatments that are proposed for, you know, what, what's proposed as treatments for these things. Mm-hmm. , and I just wanna. One line from the book, um, Irvine writes for if we accept that there is no natural or instinctive sexuality about which we can determine what is too much or too little.

[00:32:49] So in other words, if we accept that over history, humans just keep naming things and deciding and defining things and defining what's too much or too little. It [00:33:00] is then clear. She writes that we invent sex, so, That's how I come to this topic. That's how I always approach it, that on the one hand, all these different expressions are really valid and meaningful, and that also we are inventing the words and we are coming up with ways of describing identities differently in different times and places.

[00:33:25] In ways that are at the same time completely meaningful and valid in those times and places. Man, that's so

[00:33:32] **ronni:** beautiful. I love that.

[00:33:33] **rebecca:** Yeah. That's why when people say like, do you think that a thousand years ago there was this or that? The answer is, you know, I give a, you know, sort of, right. Yeah. Because it would've been in a completely different framework for understanding.

[00:33:46] What that meant, or how it affected your life, or whether you worried about it or not. Right. Whether it was seen as a gift, whether it was seen as a problem.

[00:33:56] **ronni:** Yeah. I, and I think that sometimes people who either [00:34:00] don't understand or who are critical of asexuality, they can use that language that creates.

[00:34:08] Meaning as a way to try to demean people and their identities, right? Say, well, like, well, my sexual orientation is I'm attracted to helicopters, or whatever, right? And sometimes people will say things like, why do we have to label everything right? Why does everything have to have a label? Why can't you just say that you don't have a sex drive?

[00:34:31] Well, because labels and words help create meaning, and they help. Comfort for a lot of people and identity and community building, and just because our language is evolving and growing and we now have more discourse around asexuality doesn't mean that it didn't exist 50 or a hundred or 200

[00:34:52] **rebecca:** years ago.

[00:34:53] Yeah. I also wonder when people with those criticisms that come in, I'm always very. To ask those [00:35:00] critics, why do you care ? Like, why do you care how someone else labels their sexual identity? Right? How? What has that done to your day? Well,

[00:35:09] **ronni:** boy, if we could just bottle that , if people would just mind their own business,

[00:35:16] **rebecca:** right?

[00:35:16] I've learned so much from. Your discussion of sexual dysfunction versus asexuality, and it really gives me heart to know that I can go talk to students now as a more compassionate listener. Just to be clear, I never ever, ever, ever ask students anything about anything to do with their identities. I ask students their preferred pronoun.

[00:35:45] And that's it, because that's just about how I speak to them. But students do on occasion, volunteer information to me often because there's a question that follows it. For example, is this new? Am [00:36:00] I the only one? Are there like three of us, or you know? Yeah. Professor, can you think of any historical examples of someone else who felt this way?

[00:36:08] So it's really rewarding to be able to dig deeper and have a better way of answering their questions.

[00:36:13] **ronni:** Yeah, and you know, sometimes people will have questions about asexuality and libido again, because they. Feel bad, right? Like they feel like there's something wrong with them, and it's nice to have an opportunity to kind of unpack that and say, you know, it's actually okay if you don't wanna have sex all the time.

[00:36:34] It's okay if you never wanna have sex. It's also okay if you wanna have sex more and you're not able to for whatever reason. Sometimes people wanna know if there. A fix, right? Can you fix me? Is there a pill that I can take for low sex drive? And the answer is yes, but it's kind of problematic. It doesn't work super well, and it has a lot of, [00:37:00] um, side effects.

[00:37:01] And this, it's specifically marketed to premenopausal cis women, and it is distinct from Viagra. I think of Viagra as. It's all about plumbing. It's just about getting blood to the right place at the right time, and it has nothing to do with desire. Right. And this other medication that is marketed to premenopausal cis women really works more on the neurotransmitters associated with like mood and pleasure.

[00:37:29] So serotonin and, and dopamine, is that Wellbutrin? No, it's called, uh, I'm gonna say it wrong, but it is called Philban Sarin. People who are asexual or people who have hypoactive sexual desire disorder, they're sometimes people are looking for treatments. And again, you know that that disorder, you have to meet specific criteria.

[00:37:55] And in terms of caring for asexual folks, either in the [00:38:00] classroom or in the exam room, I think. Similar to caring for anybody who is a sexual or gender minority, being mindful of what your assumptions are about people's goals for their relationships. I'm seeing a lot more young people, I mean even adolescents who identify as asexual.

[00:38:26] It's hard for parents to grapple with because they have this idea. How marriage and family building should go. And they have this kid who's like, yeah, I'm not interested in that and I don't wanna date, I don't wanna have sex. And it can be a really challenging conversation to have, you know, if folks are interested in learning more about asexuality, either for themselves or loved ones, or just for your.

[00:38:53] Edification. I really encourage you to check out the Avon website, so that's the Asexual [00:39:00] Visibility and Education Network. There is a ton of great information on there.

[00:39:05] **rebecca:** Awesome. We will put that in our show notes and under our resources on our website. I think all this gets back to a question we've touched on in several episodes, which is what's considered normal.

[00:39:17] Mm-hmm. And that very often when it comes to sexuality, the definition is frighteningly narrow, and in fact there's, it comes to gender, it comes to sexuality. There's just enormous variation and. There's more variation than there is norm it seems sometimes. So the variation is the norm or something like that.

[00:39:40] And this is just another variation in the way that people experience and identify their gender and their sexuality.

[00:39:48] **ronni:** That's kind of exciting, isn't it, that like folks coming up now, there's so many more opportunities to find community. I think it's kind of cool.

[00:39:59] **rebecca:** I [00:40:00] do too.

[00:40:03] So we had a lot of information back and forth and I know that I learned a ton talking with you and learning from you.

[00:40:10] **ronni:** Likewise,

[00:40:11] **rebecca:** I think we could leave our listeners with a little bit of fun. There is a wonderful website with a big social media presence called them and them. Puts out articles and information all about L G B T Q, gender expansive identities and issues.

[00:40:30] So I strongly recommend following them on social media. But one thing I found there that I absolutely loved was a recommended playlist for Valentine's Day for asexuals and a romantic people. So friends, here's a clip of one of those songs to send you on your way and, uh, for your Valentine's Day pleasure, we will link to the full.

[00:40:52] Playlist in our show.

[00:40:55] **ronni:** Happy Valentine's Day. Happy Valentine's Day. The other night, I

[00:40:59] **rebecca:** cried [00:41:00] while thinking of having sex with you. Not outta desire or shame, but some subconscious influence to feel pain. I wipe my tears on my face and neck and the back of my ears and said, now it's sweat. Now it's sweat.

[00:41:12] It's sweat now.

[00:41:20] **ronni:** You've been listening to. This is probably a really weird question, which is created, hosted, and produced by Rebecca Davis and Ronnie Hyon.

[00:41:29] **rebecca:** You can learn more about us. Read our show notes and find links to resources on our website, www really weird question.com.

[00:41:39] **ronni:** Follow us on Twitter at a really weird pod.

[00:41:42] Rebecca Tweets at History Davis and Ronnie at Dr. Awkward MD

[00:41:48] **rebecca:** send us your really weird, not really questions by emailing us at really weird question gmail.com.

[00:41:57] **ronni:** Nora Carlson is our website [00:42:00] Guru and Social manager.

[00:42:01] **rebecca:** Mick Finnegan is our sound engineer. Mark

[00:42:05] **ronni:** Erbacher composed and recorded our incredible theme music.

[00:42:10] **rebecca:** We are grateful for the financial support of the Phil's Wickler Charitable and Memorial Foundation Trust. We additionally thank the foundation for Delaware County.

[00:42:20] **ronni:** Please rate us and review us on Apple Podcasts to help other people find us in their feed.

[00:42:26] **rebecca:** Our website is also where you can find links to our fabulous merch, which helps support the show.

[00:42:32] **ronni:** Thank you for listening and keep on asking those questions.