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COMMENTARY

A Little Deeper, Please

Stephen B. Levine[1,2]

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Brotto and Yule (2016) attempted to categorize the lack of sexual attraction based on relevant recent research. While they have not definitively concluded how this low prevalence pattern should be viewed, they seem to reject three of the previously proposed four possibilities. Although their literature review was revealing, I don't consider the question answered on the basis of current findings. More needs to be learned about the nature of sexual attraction before scholarly communities and individuals with the pattern can consider the matter scientifically settled. In the meantime, Bogaert's (2004) original idea that it may represent the absence of orientation raises the issue of what orientation means.

The Surface of Sexuality

The understanding of human psychological sexual experience seems to rest heavily upon two fundamental subjective ideas—gender and sexual desire. At first glance, gender and its derivative developmental self-concepts of gender identity, sexual orientation, and intention create the core of sexual identity, and sexual desire is central to the capacities for arousal, orgasm, and intercourse. These terms are used to describe the clinical surface of human sexual experience for both clinical and research purposes. At a deeper level, internal subjective and public behavioral presentations of gender identity, sexual orientation, and intention underpin and shape much sexual function and its problems, while desire and its deficiencies and excesses are inextricably connected to each of the three components of sexual identity. Gender and desire cannot be thoroughly interrogated without reference to the other. Solitary and partnered sexual behavior throughout life takes place at the interaction of gender and desire as it plays out in the body. These constructs are not simply psychological (Anders, de Jong, Beck, Haynes, & Ethofer, 2016).

Sexual Vocabulary

The professional vocabulary of sexuality is more utilitarian than precise, more conventionally acceptable than valid, and more cultural than physiological. When the terms that describe the sexual surface are closely examined, their meanings often become blurred (Levine, 2016). When we read various essays on desire, for example, definitions vary from author to author and from era to era (Rowland, 2016). The forms and manifestations of this motivation for—*or not for*—sexual behavior evolve considerably over the life cycle (Levine, 2007). However, it is often discussed as though desire is one thing that is present or absent, as in "She has no desire for sex with anyone." When clinically investigated, such statements often become less certain. Sexual desire operates through evolving contexts of age, gender, relationship status, relationship duration, character structure, and physical and emotional health (Rowland & Tempel, 2016). It seems clear that biological, individual/interpersonal psychological, and cultural forces not only shape its expression but create degrees of internal conflict about it. Desire exists in a dialectic field with restraint. Desire is certainly not a matter of lust, yes or no. When a concept such as desire cannot be clearly defined and is reduced to simple terms, studies of it are not apt to inspire confidence (Levine, 2015).

✉ Stephen B. Levine
sbl2@case.edu

[1] Department of Psychiatry, Case Western Reserve University, Cleveland, OH, USA

[2] Center for Marital and Sexual Health, 23425 Commerce Park #104, Beachwood, OH 44122, USA

Many concepts that are vital to our lives are difficult to define. Is the nature of sexual attraction any clearer than desire? While Brotto and Yule state that desire and sexual attraction can be separated, the two seem to be functionally related. Both are developmental concepts that rely heavily on the insightful self-report of persons at a particular point in their lives. Both have been of interest to philosophers who find applications of these ideas to arenas beyond sexuality. Attraction involves the perception of, and emotional response to, beauty. Sexual attraction to another involves the stimulation of aesthetic sensibilities, which, of course, evolve during the life cycle. The beauty that attracts is not only physical; a characteristic or a capacity of another person can be attractive and attracting.

Sexual attraction as used to define sexual orientation is a crude response to a class of young gendered individuals. Sexual attraction beyond this basic response is far more refined and reflects the person's individual taste. Moreover, sexual attraction is merely one form of a larger force that draws us to topics, objects, activities, and personalities. Is sexual attraction understood well enough to isolate it as though it is separate from other related attractions? Is it all or none or is it more subtly gradated? The ultimate source of our unique evolving patterns of sexual desire and sexual attraction may never be known with certainty, but at least it can be acknowledged that there is more to it than can be seen from its surface. When behavioral science studies a dimension of consciousness, it must be careful not to equate its surface with its deeper processes.

The Category of Mental Disorder

Uncertainty about the nature of key psychological concepts is not confined to sexuality. The concept of psychiatric disorder thrusts the clinician and researcher into yet another realm of uncertainty. The symptoms of DSM-5 psychiatric disorders overlap considerably from one diagnosis to another. Many disorders share the symptom of limited interest in others, anxiety, or anhedonia, for instance. Over the years, symptom clusters seem to evolve from one disorder to another. Over a much shorter period of time, symptoms may shift in intensity, making a clinician uncertain whether the original diagnosis was correct or is co-morbid with what is now apparent. The science of the disorders is based on reliability rather than validity. Ideally, a nosology cuts mental suffering and deficiencies at its joints. Few regard the DSM-5, despite its advances, as meeting such an ideal (Kraemer, Kupfer, Clarke, Narrow, & Regier, 2012).

But there is a caution to be noted that is even more basic than the above. It is reasonable to ask if there is a useful definition of a mental disorder that might help researchers decide where to categorize the lack of sexual attraction. To this end, there must be a meaning to the fact that there are so many ways to label a mental disorder. Adjectives such as: psychiatric, psychological, emotional, and mental are commonly used to precede nouns such as: illness, disorder, condition, disease, concern, issue, problem, syndrome, and pathology. Which of these 36 possible combinations authors employ may depend on their subtle purposes, because they have different political connotations.

The introduction to the DSM-5 contains this paragraph (American Psychiatric Association, 2013):

> A mental disorder is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities. An expectable or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder. Socially deviant behavior (political, religious, or sexual) and conflicts that are primarily between individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual as described above. (p. 20)

Six decades of mental health professionals have sought to define the essence of a psychiatric disorder and have come up with the above paragraph. This formula leaves so much wiggle room as to allow lay and professional individuals alike to decide for themselves. It is a mark of our lack of understanding of how we become what we are that rapidly changing sociopolitical sensibilities influence our nosology. The limitations of psychiatric diagnostic nosology should always be kept in mind. Nonetheless, the lifetime and point prevalence of various mental illnesses, however defined, are quite high. Such epidemiologic data do not even include the problems in the sexual arena where distressing concerns about identity and function abound. Many concerns do not meet criteria for a DSM-5 disorder. When complaints fail to meet defined criteria, the diagnosis becomes relatively unimportant to clinicians, other than for reimbursement. We use what we know to assist their concerns.

Does the persistent lack of attraction to others make it difficult to form and keep intimate partners? Can we consider this a *disability* in social life? Is the absence of sexual attraction a lack of emotional responsiveness to contexts that others respond to with sexual receptivity or initiation? Is this a *disturbance of emotion regulation*? The DSM-5 allows a mental disorder to be based on a disability without distress (e.g., intellectual disability, schizoid personality, and autism) but not so when it comes to sexual dysfunction and paraphilia. The placement of the lack of sexual attraction into a category does not alter the inherent limitation of the trait.

There is an intrinsic disconnect in setting up mental disorder, sexual dysfunction, and paraphilia as discrete categories. In discussing evidence that the lack of attraction may be a

symptom of a mental disorder, Brotto and Yule must be implying some *undefined* psychiatric disorder other than autism and schizoid personality disorder. We should not expect to find a homogeneous psychiatric background to the lack of sexual attraction to illuminate its etiology. Rather, we should expect to find multiple pathways to the same outcome. The suggestion that this pattern should not be considered a manifestation of a mental disorder ignores the uncertainty about what constitutes a mental disorder.

Diversity and Stigma as Explanations

Diversity, although politically popular, is not a satisfying explanation of the observed. All aspects of biological, personal, interpersonal, and cultural life demonstrate diversity. We all quickly recognize a hand, but when hands are closely observed, they demonstrate diversity of form and capacity. Does it help us to characterize a hand with four fingers a manifestation of diversity? Are schizophrenia, depression, and adult baby syndrome examples of diversity of thought processes, mood states, and intention? Diversity in sexual identity and sexual function is increasingly being recognized and is challenging our current notions of sexual orientation and other aspects of sexual identity (van Anders, 2015).

Similarly, it is de rigueur today to invoke social victimization to explain individuals' functional difficulties and symptoms. Skillful devoted parents of 3-year-olds observe that their children have difficulties dealing with the demands of their young lives. Parents await their children's maturation to improve their emotional capacities. Inherent limitations to states of existence exist. There are sentences in this article that seem to suggest that if a subject has been thought of by others negatively, is treated with less than respect, or has been the victim of prejudice, stigmatization, or dehumanization, their limitations do not qualify as psychiatric. It is as though that the word psychiatric itself has become toxic and stigmatizing; it no longer conveys problematic emotional and developmental adaptations to life's ordinary demands. Stigma is real, but it is rarely the sole source of a person's difficulties.

Examples to Broaden the Dialogue about Sexual Attraction

1. American Catholic priests and nuns take a vow of chastity and celibacy. They aspire to asexuality, pray for it, and find ways to deal with their lessening sexual desires as they move through their lives. While we are aware of those who egregiously fail at the quest, some of these men and women manage their lives, long before ordination with a minimum degree of masturbation and no partner contact. Their chosen asexuality is a culturally approved aspiration that solidifies their identities as religious. Some of them report no sexual attraction and do not know their sexual orientation when the conventional options are provided to them.
2. When a chronic schizophrenic, drug-addicted mother punished her 7-year-old daughter by scalding her, the child was thereafter raised by extended family and the foster care system. When aged 22, she complained of a lack of attraction. She also lacked sexual desire and orgasmic capacity when she, a very responsible intelligent woman who was leery of all others, occasionally dated. Her only orgasmic experience was at the hands of a physician during a physical examination for her recurrent lower abdominal complaints at age 17.
3. When women whose menopause has been deepened by cancer chemotherapy recover from their treatment ordeals, they maintain their aesthetic attractions but they may spend the rest of their lives without sexual attraction to others. They often describe themselves as asexual. Clinicians can theorize the presence of biological, psychological, and interpersonal forces that create this distressing new reality.

Missing: Comprehensive Evaluations and Developmental Histories of the Asexual

The honored scientific way of knowing requires the counting of behaviors, feeling intensities, or attitudes. Quantification is best done by questionnaires that usually rely on the subjects' understanding of the questions and motivation to provide a sincere contemplative effort. Science encourages large sample sizes. The Internet is a convenient means to obtain them from individuals all over the world who think of themselves as asexual. The underlying question is whether studies that explore aspects of the sexual surface actually allow an answer to the classification question.

It may be misleading to categorize these individuals until a life history approach accumulates in a greater fund of knowledge. To ideally study the asexual, researchers should agree upon a criteria set and exclude those who do not meet it. But to arrive at this point, a series of asexual persons will have to be thoroughly interviewed and assessed for general physical, particularly endocrine, health and mental health. It then can be decided to include or exclude individuals with autism, schizoid personality, paraphilia, OCD, etc. Questionnaire-based assessment may then be used to interrogate the lack of sexual attraction.

It is my hope that Brotto and Yule's work will lead to a better characterization of the origins, purposes, and impediments of sexual attraction and provide better answers to questions such as:

1. When does attraction appear in the lifecycle?
2. Does it have immature and fully developed forms?
3. How does it evolve? Is it ever-present or is it a capacity that manifests only in definable contexts?

4. What determines whether it resembles a gentle breeze, a gust, or a gale?
5. Do both deficiencies and excesses of attraction exist?
6. Is sexual attraction a leading edge of the aspiration to obtain something else such as identity, love, wealth, or interpersonal competence?
7. Should sexual attraction be viewed in the light of the person's familial relationships and their beliefs about the fate of apparently loving attachments?
8. Do individuals without sexual attraction have other kinds of attraction to others?
9. Are there biological requirements for sexual attraction to others?
10. Are the requirements the same as for sexual desire?
11. Are there defenses against sexual attraction to others based on, "No one would want me, so I don't want anyone else."

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