

A Positive Approach Toward Asexuality: Some First Steps, But Still a Long Way to Go

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Received: 31 October 2016 / Accepted: 10 December 2016 / Published online: 13 January 2017
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Asexuality: A Historical Note

It is clear that how asexuality has been defined in the past reflects important shifts in our thinking about this intriguing phenomenon. Kinsey, Pomeroy, and Martin (1948) and Kinsey, Pomeroy, Martin, and Gebhard (1953) defined their category X in terms of a lack of sexual behavior associated with a lack of a sexual response to erotic stimuli. Johnson (1977) coined the term asexual for individuals with a lack of sexual behavior associated with a lack of sexual desire. Storms (1979, 1980, 1981) was the first to depict asexuality as a sexual orientation and defined it as a lack of erotic fantasies and erotic stimuli that are sexually arousing to an individual. This multiplicity of definitions of asexuality continues to characterize asexuality research and it could be questioned whether this is really helping the field to better understand asexuality. Moreover, as Brotto and Yule (2016) mentioned, the definition promoted by the Asexuality Visibility and Education Network (AVEN) is also frequently changing, resulting in asexuality currently being an umbrella term covering people who self-identify as asexual, demisexual, and Gray A. This observation raises the question: Do all these terms refer to the same phenomenon?

Asexuality: What's in a Name?

According to Brotto and Yule (2016), consensus is growing that asexuality refers to a lack of sexual attraction; they also mention that in research, self-identification as asexual is the criterion that is used most often to classify persons as asexual. We believe, however, that studying asexuality based on self-identification as asexual is probably not the best way to operationalize research on this topic. First, in order to be able to self-identify as asexual, one needs to be familiar with this term and we assume that the term “asexual,” defined as lack of sexual attraction, is not yet widely known by the lay-public. Second, the use of self-identification to classify persons as asexual may create an important recruitment bias in research. Indeed, are people who experience a lack of sexual attraction, but do not (yet) self-identify as asexual, not asexual people? This brings us to a central—but yet unanswered—question in asexuality research: Based on which criteria can we conclude that a person is, in fact, an asexual person? Are asexual people unique individuals with specific characteristics that distinguish them from sexual people or is asexuality part of a spectrum of sexualities which includes different dimensions of asexuality? Brotto and Yule also surmise that the asexual population is quite heterogeneous and that this variability needs to be taken into account when interpreting research findings. Conclusions drawn from a study that included only one or more subgroups of the asexual population may not pertain to the entire asexual population.

AVEN has heavily promoted the idea that asexual individuals are a heterogeneous group and, consequently, asexuality currently has become an umbrella term which makes it more complicated to understand what is meant by the term. Taking into account the above-described history of the study of asexuality: Is asexuality a lack of sexual behavior, a lack of

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sexual attraction, a lack of sexual fantasies or sexual desire, a paraphilia, a status with which one self-identifies, or a combination of some or all of these phenomena? Should we define these phenomena conceptually as independent variables, as reference points sharing a latent variable, or as a psychological network (see Borsboom & Cramer, 2013)? While currently most researchers define asexuality as a lack of sexual attraction (Brotto & Yule, 2016), this still raises the question whether people who do feel (minimally) sexually attracted to others at some times or under certain conditions should still be considered asexual? Moreover, in such a dimensional view on sexual attraction, how much sexual attraction does one need to have to be (come) a sexual individual? Is a person who reports experiencing some erotic fantasies toward others, albeit minimal, by definition not an asexual person, even if he or she would identify as asexual? Along the same line of thought: Are asexual people who are romantically attracted to persons of the other, or the same sex, asexual, heterosexual, or homosexual? At present, the answer to all these questions is: We do not know! Asexual people show major variability in terms of their levels of sexual arousal and sexual behavior (e.g., Brotto & Yule, 2016; Prause & Graham, 2007; Walton, Lykins, & Bhuller, 2016), but what they have in common is that they usually and persistently report a lack of sexual attraction toward other persons. Under certain conditions, however, some asexual persons report they do experience a kind of sexual attraction, e.g., when engaged in a committed romantic relationship (Gupta, 2017a; Van Houdenhove, Gijs, T'Sjoen, & Enzlin, 2015a). Moreover, what to think about Brotto and Yule's (2016) suggestion that "asexual individuals may possess a non-partner-oriented sexual desire... lustful feelings that are diffuse with no direction toward or connection to others" that may motivate them to masturbate? How does this kind of diffuse sexual attraction relate to a lack of sexual attraction? And if these diffuse sexual attractions are atypical or paraphilic, should we then still define such individuals as asexual? Brotto and Yule are not really clear on this point, given that they define asexuality as involving no sexual attraction, but it seems to us that they mean no sexual attraction to others. To be sure, the nature of this kind of (diffuse) sexual attraction that is sometimes manifested and how it relates to asexuality is yet not well understood.

As long as there is no clear answer to the question about the definition and core characteristics of asexuality, we suggest that systematic use of the Asexuality Identification Scale (AIS; Yule, Brotto, & Gorzalka, 2015) by researchers will promote more unity in future asexuality research. This 12-item questionnaire is a reliable and valid self-report instrument, designed to distinguish asexual individuals from sexual individuals for research purposes. Questions cover sexual attraction, sexual interest, disgust, and sexual avoidance. Yule et al. state that participants with a score of ≥ 40 on the AIS are likely to experience a lack of sexual attraction and can be considered asexual.

We are aware that the value and usefulness of this proposal are dependent on how much the characteristic of the participants in the validation study of the AIS shared the core characteristics of asexuals. Nevertheless, we are convinced that using the AIS to select participants to be included in future research will result in stronger conclusions about a more homogenous group of asexual persons.

Asexuality: What Is It?

Apart from the question about its definition, there is also a heated debate on the nature of asexuality: should asexuality be categorized as a psychiatric disorder, a paraphilia, a sexual desire disorder, or a unique sexual orientation (Brotto & Yule, 2016)? Pzrybylo (2011, 2013) adds to these interpretations that asexuality could also be a strategy to resist societal heteronormativity. Although we believe that research from a culturally inspired viewpoint is a very welcome addition to the existing biological and psychological viewpoints—and encourages more research into the societal determinants, the stigmatization, and the social effects of asexuality—we are not convinced that asexuality can be explained away as a social strategy. In what follows, we critically discuss two of the proposed categorizations: asexuality as a sexual desire disorder and asexuality as a unique sexual orientation.

Asexuality Versus Sexual Desire Disorders

Studies show that in comparison with both sexual controls (Brotto & Yule, 2011; Prause & Graham, 2007) and persons with Hypoactive Sexual Desire Disorder (HSDD), asexual individuals report low sexual desire (Brotto, Knudson, Inskip, Rhodes, & Erskine, 2010; Brotto, Yule, & Gorzalka, 2015; Walton et al., 2016). This suggests that there is overlap between a lack of sexual attraction and a lack of sexual desire (see also Gupta, 2017b; Hinderliter, 2013), but how then do we differentiate between asexuality and sexual desire disorders, especially in persons reporting a lifelong lack of sexual desire? Brotto and Yule (2016) did not only pose the question about the difference between both; they also answered the question by suggesting that a distinction could be made based on "significant personal distress." This criterion is needed to diagnose a sexual dysfunction according to the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), but it is not present in asexual individuals (Brotto et al., 2010; see also Gupta, 2017b; Hinderliter, 2013).

Based on the diagnostic criteria of HSDD in DSM-IV-TR (APA, 2000), asexual individuals *could* be diagnosed with HSDD and it is noteworthy that asexuality is not mentioned at all in that edition of the DSM. Strikingly, in DSM-5 (APA, 2013) asexuality is mentioned as an exclusion criterion for Female Sexual Interest/Arousal Disorder (FSIAD) and Male

Hypoactive Sexual Desire Disorder (MHSD). It is stated that: “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 (FSIAD) or Male Hypoactive Sexual Desire Disorder (MHSD) would not be made” (APA, 2013, pp. 434, 443). We concur with Brotto and Yule (2016) that, according to DSM-5, asexuality should not be considered a sexual dysfunction, because we are convinced that asexuality does not fulfill the criteria to be categorized as a psychiatric disorder (see APA, 2013, p. 20).

We do regret, however, that DSM-5 refers to self-identification as asexual as the criterion to differentiate between asexuality and a sexual desire disorder. After all, the diagnostic criteria of FSIAD/MHSD may well apply to a number of asexual persons. Also, when an asexual individual does not (yet) self-identify as such, and/or experiences distress, a diagnosis of FSIAD/MHSD could be made. Brotto and Yule (2016) advise further research to explore whether asexual individuals and individuals with lifelong sexual desire disorders are, in fact, distinct groups. We believe that research to unravel that distinction should focus on the experience of sexual attraction: Have individuals with lifelong sexual desire disorders ever felt sexually attracted toward another person? If so, how do they distinguish between a feeling of sexual attraction and an experience of sexual desire? How do people who have experienced sexual attraction at some point in their life, but no longer do (late onset asexuality) describe and understand the evolution in their (dissolving) sexual attraction? Clearly, because all these questions refer to the subjective experience and meaning-making of people, these intriguing research questions need to be studied with a qualitative methodology (e.g., Gupta, 2017b; Van Houdenhove, Gijs, T’Sjoen, & Enzlin, 2015b).

Asexuality as a Unique Sexual Orientation?

Sexual orientation is considered to be a multidimensional construct, traditionally including sexual attraction, sexual identity, and sexual behavior (e.g., Laumann, Gagnon, Michael, & Michaels, 1994; Mustanski, Kuper, & Greene, 2014; Rosario & Schrimshaw, 2014; van Anders, 2015). Rosario and Schrimshaw describe how, on a basic level, sexual orientation refers to the sex to which one is physically attracted and state that sexual attraction is the internal component of sexual orientation. This description implies that asexuality cannot be considered a unique sexual orientation, since asexuality is defined as a lack of a sexual orientation. Recently, some researchers consider romance and affection to also be markers of sexual orientation (e.g., Mustanski et al., 2014; Rosario & Schrimshaw, 2014) which implies that—given a majority of asexual individuals can feel romantically attracted toward others—asexuality can be conceptualized as a unique sexual orientation (e.g., Van Houdenhove et al., 2015a). Brotto and Yule (2016) refer to LeVay and Baldwin’s (2012)

definition of sexual orientation, “as an internal mechanism that directs a personal and romantic disposition toward females, males, or both, to varying degrees,” a definition that clearly includes the romance dimension. However, in contrast to the definition of LeVay and Baldwin, Brotto and Yule seem to favor a definition of asexuality as a lack of sexual attraction (or—although not the same—as a lack of sexual attraction toward others) thereby excluding romantic attraction as a dimension of sexual attraction. This point of view corroborates with the difference between a sexual system and an affectional bonding system (e.g., Diamond, 2003). Clearly, more fundamental research is needed to answer the question whether or not romantic attraction should be part of sexual orientation.

Based on the current state-of-affairs, we also consider asexuality to be a (fourth) sexual orientation. We find support for this view in the fact that in qualitative research on developing an asexual identity, similar stages were found as those found in research on coming to an LGBT identity (i.e., feeling different, identity confusion, and looking for explanations, identity acceptance) (Brotto et al., 2010; Robbins, Graff Low, & Query, 2016; Van Houdenhove et al., 2015b). In line with this idea, it would be interesting to focus on different pathways that lead to asexuality. Indeed, the fact that there seem to be several subgroups of asexual people suggests that there is not one developmental path to asexuality. For some, their lack of sexual attraction may be something that has always been present, while others may have experienced sexual attraction at some point in their life, but no longer do. Thus, future asexuality research should focus on understanding different developmental pathways that lead to a lack of sexual attraction toward others, as we hope this could help us unravel the core characteristics of asexuality.

Brotto and Yule (2016) describe a number of associated factors that have already been explored: mental health, autism spectrum disorders, sexual dysfunctions, and paraphilia. Although some research has focused on biological correlates of asexuality (for a review, see Bogaert, 2015; Yule, Brotto, & Gorzalka, 2014), the neurobiology of asexuality—as a (lack of) a sexual orientation—remains unknown (Ventura-Aquino & Paredes, 2016). Moreover, it is remarkable that, until now, no research has addressed the role of genes, neurotransmitters, neuroanatomy, neurophysiology, and postnatal levels of hormones (e.g., during puberty) in asexuality. This may be due to the fact that, within the asexual community, there is some resistance to a biological explanation for asexuality (see forum discussions at www.asexuality.org). Some will argue that research into the biological and psychological “causes” of asexuality is too risky as this could inspire some individuals to use the results of this type of research to prevent or “cure” asexuality. We argue that understanding how sexual orientations develop and differentiate is an interesting and legitimate research topic (see, e.g., Ventura-Aquino & Paredes, 2016), as long as it is clear that asexuality is a variation of human sexuality, implying that suggestions or attempts to prevent or “cure” asexuality are unethical.

Toward a Positive Framework

As noted above, asexuality has mainly been characterized by what it is not: It is *not* a sexual dysfunction, *not* a paraphilia, *nor* a (symptom of a) mental disorder. While such negative description is interesting, it is not helpful for knowing or defining what asexuality is in a positive way. What is currently lacking in asexuality research is a positive conceptualization or framework for understanding and studying asexuality. Characterizing asexuality as a unique sexual orientation could be helpful in this regard. However, this also implies that we look at asexuality from a sexual point of view, which may not be the optimal way to understand this complex topic (e.g., Przybylo, 2011). After all, can we conceptualize asexuality as a sexual orientation, when asexual individuals are not sexually oriented toward other people? This also implies a negative characterization of asexuality, i.e., a definition based on something asexual people lack. We, therefore, would strongly invite asexuality researchers to collaborate and develop a positive theoretical framework to explore asexuality.

In line with what happened after the de-pathologization of homosexuality, topics that could be addressed in asexuality research include: the processes of acceptance and self-identification, the gradual process of coming out, the development of an asexual identity, relational experiences, experiences of prejudice, stigmatization, and minority stress, and how asexuality challenges sexual normativity. In this regard, it is important to keep in mind that asexual individuals may experience, understand, and interpret concepts such as sexual desire, sexual arousal, masturbation, love, and relationships differently when compared with sexual people (e.g., Przybylo, 2014; Van Houdenhove et al., 2015b). For example, from a sexual point of view, sex is often thought to be an essential and defining part of being human and being in a romantic relationship. These premises are called into question by asexual individuals and their romantic experiences. Indeed, some asexual people manage to engage in a romantic relationship without a sexual component, as they distinguish sexual attraction from romantic attraction; that is, asexual people can feel romantically attracted toward someone in the absence of sexually attraction. This kind of observation challenges some fundamental ideas about the assumed sexual nature of humankind, including ideas that all people should experience sexual attraction and behave sexually as a consequence of a biological sex drive.

Conclusion

Together with Brotto and Yule (2016), we note that, since 2004, asexuality is steadily getting more research attention, which helps us to gain more insight into, and understanding of, the complex and fascinating phenomenon of human asexuality. Consensus is growing that asexuality is neither (the byproduct of) a mental disorder nor a sexual dysfunction or a paraphilia, but that it can

best be conceptualized as (a lack of) a sexual orientation (to others). In this Commentary, we have described how the definition of asexuality has changed over the years and has currently become an umbrella term, testifying to the variability within the asexual population. We concur with Brotto and Yule's conclusion that the currently available evidence suggests that asexuality is a unique sexual orientation and we argue that—until the contrary is proven—we should conceptualize asexuality as a variation of human sexuality that needs to be studied from a positive perspective. In line with that idea, we would like to conclude with some recommendations for future research on asexuality:

- Research should not (solely) rely on AVEN to recruit participants for asexuality research, as this might create a selection bias in participants. We recommend to broadly recruit participants in different settings—both off-line and online—and using the AIS (Yule et al., 2015) to select asexual individuals that can be included in analyses.
- Research should also focus more on the neurobiological basis of asexuality to improve our understanding of the development of sexual orientations.
- Asexuality research should not only use a comparative methodology to study differences between sexual and asexual individuals, but should also focus on differences between asexual individuals to further explore the heterogeneity within the asexual population.
- Research on asexuality should not (only) study asexuality from a sexual point of view. Instead, it should try to understand asexuality from the perspective of asexual individuals themselves, by using qualitative research to explore how asexual individuals look at and/or experience concepts such as love, sexual attraction, sexual desire, masturbation, partner relationship, and pornography. Outcomes of such research will not only contribute to our understanding of asexuality, but will be important for general theory about the development and differentiation of sexual orientations and sexuality in general.
- Last but not least: asexuality should be kept on the research agenda, as this is crucial for gaining understanding and acceptance of this often misunderstood and marginalized subgroup of the population in our sexualized world.

References

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Washington, DC: Author.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.
- Bogaert, A. F. (2015). Asexuality: What it is, and why it matters. *Journal of Sex Research, 52*, 279–362.
- Borsboom, D., & Cramer, A. O. J. (2013). Network analysis: An integrative approach to the structure of psychopathology. *Annual Review of Clinical Psychology, 9*, 91–121.

- Brotto, L. A., Knudson, G., Inskip, J., Rhodes, K., & Erskine, Y. (2010). Asexuality: A mixed-methods approach. *Archives of Sexual Behavior*, *39*, 599–618.
- Brotto, L. A., & Yule, M. A. (2011). Physiological and subjective arousal in self-identified asexual women. *Archives of Sexual Behavior*, *40*, 699–712.
- Brotto, L. A., & Yule, M. A. (2016). Asexuality: Sexual orientation, paraphilia, sexual dysfunction or none of the above? *Archives of Sexual Behavior*. doi:10.1007/s10508-016-0802-7
- Brotto, L. A., Yule, M. A., & Gorzalka, B. B. (2015). Asexuality: An extreme variant of sexual desire disorder? *Journal of Sexual Medicine*, *12*, 646–660.
- Diamond, L. M. (2003). What does sexual orientation orient? A biobehavioral model distinguishing romantic love and sexual desire. *Psychological Review*, *110*, 173–192.
- Gupta, K. (2017a). “And now I’m just different, but there’s nothing actually wrong with me”: Asexual marginalization and resistance. *Journal of Homosexuality*. doi:10.1080/00918369.2016.1236590.
- Gupta, K. (2017b). What does asexuality teach us about sexual disinterest? Recommendations for health professionals based on a qualitative study with asexually identified people. *Journal of Sex and Marital Therapy*. doi:10.1080/0092623X.2015.1113593.
- Hinderliter, A. (2013). How is asexuality different from hypoactive sexual desire disorder? *Psychology & Sexuality*, *4*, 167–178.
- Johnson, M. T. (1977). Asexual autoerotic women: Two invisible groups. In H. L. Gochros & J. S. Gochros (Eds.), *The sexually oppressed* (pp. 96–109). New York: Association Press.
- Kinsey, A. C., Pomeroy, W. B., & Martin, C. E. (1948). *Sexual behavior in the human male*. Philadelphia: Saunders.
- Kinsey, A. C., Pomeroy, W. B., Martin, C. E., & Gebhard, P. H. (1953). *Sexual behavior in the human female*. Philadelphia: Saunders.
- Laumann, E., Gagnon, J. H., Michael, R. T., & Michaels, S. (1994). *The social organization of sexuality: Sexual practices in the United States*. Chicago: University of Chicago Press.
- LeVay, S., & Baldwin, J. (2012). *Human sexuality* (4th ed.). Sunderland, MA: Sinauer.
- Mustanski, B., Kuper, L., & Greene, G. J. (2014). Development of sexual orientation and identity. In D. L. Tolman & L. M. Diamond (Eds.), *APA handbook of sexuality and psychology, Vol. I: Person-based approaches* (pp. 597–628). Washington, DC: American Psychological Association.
- Prause, N., & Graham, C. A. (2007). Asexuality: Classification and characterization. *Archives of Sexual Behavior*, *36*, 341–356.
- Przybylo, E. (2011). Crisis and safety: The asexual in sex society. *Sexualities*, *14*, 444–461.
- Przybylo, E. (2013). Producing facts: Empirical asexuality and the scientific study of sex. *Feminism & Psychology*, *23*, 224–242.
- Przybylo, E. (2014). Masculine doubt and sexual wonder: Asexually-identified men talk about their (a)sexualities. In K. J. Cernakowski & M. Milks (Eds.), *Asexualities: Feminist and queer perspectives* (pp. 225–246). London: Routledge.
- Robbins, N. K., Graff Low, K., & Query, A. N. (2016). A qualitative exploration of the “coming out” process for asexual individuals. *Archives of Sexual Behavior*, *45*, 751–760.
- Rosario, M., & Schrimshaw, E. W. (2014). Theories and etiologies of sexual orientation. In D. L. Tolman & L. M. Diamond (Eds.), *APA handbook of sexuality and psychology, Vol. I: Person-based approaches* (pp. 555–596). Washington, DC: American Psychological Association.
- Storms, M. D. (1979). Sexual orientation and self-perception. In P. Pliner, K. R. Blankstein, & I. M. Spiegel (Eds.), *Advances in the study of communication and affect* (Vol. 5, pp. 165–180). New York: Plenum.
- Storms, M. D. (1980). Theories of sexual orientation. *Journal of Personality and Social Psychology*, *38*, 783–792.
- Storms, M. D. (1981). A theory of erotic orientation development. *Psychological Review*, *88*, 340–353.
- van Anders, S. M. (2015). Beyond sexual orientation: Integrating gender/sex and diverse sexualities via sexual configurations theory. *Archives of Sexual Behavior*, *44*, 1177–1213.
- Van Houdenhove, E., Gijs, L., T’Sjoen, G., & Enzlin, P. (2015a). Asexuality: A multidimensional approach. *Journal of Sex Research*, *52*, 669–678.
- Van Houdenhove, E., Gijs, L., T’Sjoen, G., & Enzlin, P. (2015b). Stories about asexuality: A qualitative study on asexual women. *Journal of Sex and Marital Therapy*, *41*, 262–281.
- Ventura-Aquino, E., & Paredes, R. (2016). Animal models in sexual medicine: The need and importance of studying sexual motivation. *Sexual Medicine Reviews*. doi:10.1016/j.sxmr.2016.07.003
- Walton, M. T., Lykins, A. D., & Bhuller, N. (2016). Beyond heterosexual, bisexual, and homosexual: A diversity in sexual identity expression [Letter to the Editor]. *Archives of Sexual Behavior*, *45*, 1591–1597.
- Yule, M. A., Brotto, L. A., & Gorzalka, B. B. (2014). Biological markers of asexuality: Handedness, birth order, and finger length ratios in self-identified asexual men and women. *Archives of Sexual Behavior*, *43*, 299–310.
- Yule, M. A., Brotto, L. A., & Gorzalka, B. B. (2015). A validated measure of no sexual attraction: The Asexuality Identification Scale. *Psychological Assessment*, *27*, 148–160.