

Societal Challenge and Depression, Self-Esteem, and Self-Concept Clarity in Asexuals

Julia Prims

Department of Psychology

University of Colorado Boulder

October 30, 2012

Honors Committee Members:

Diane Martichuski, Department of Psychology (Adviser)

Richard Olson, Department of Psychology

Rolf Norgaard, Department of Writing and Rhetoric

Abstract

Asexuality, or a lack of sexual attraction to any gender, is a relatively new topic in scientific literature. Research has shown that the asexual population has a higher rate of low self-esteem and depression than any other major sexual orientation (Nurius, 1983). I studied the cultural denial of asexuality and depression, self-esteem, and self-concept clarity in the asexual community. I compared three groups: asexually identified people (hereafter referred to as “asexuals” for short) that have not had their sexual identity challenged by someone outside of the community, asexuals that have had their identity challenged, and people who do not identify as asexual in order to compare levels of depression, self-esteem, and self-concept clarity among these three groups. I measured this by giving a survey to groups of those who identify as asexual and those that do not. I found participants through the Asexual Visibility and Education Network, also known as AVEN, and various other social networks where there is a strong Asexual community such as Tumblr and Facebook. Based on Nurius (1983) and Townsend’s (2006) studies, I expected to find higher rates of low self-esteem in asexuals who had had their identity challenged. I did not find differences in depression or self-concept clarity, but I did find that the asexual group who had not been challenged had higher self-esteem than either the asexual group that had been challenged or the sexual group.

*Societal Challenge and Depression, Self-Esteem, and Self-Concept Clarity in Asexuals***Introduction**

The asexual community, for the most part, currently defines an asexual as “a person who does not experience sexual attraction” though this definition may not fit all forms of asexuality (asexuality.org). Asexuality is commonly understood as a spectrum. There are three major categories on this spectrum. Asexuals never experience sexual attraction. Gray-asexuals rarely experience sexual attraction, and demisexuals only experience sexual attraction to those with whom they have already formed a strong bond. All of these groups consider themselves as part of the asexual spectrum and generally identify as subtypes of asexuality (asexuality.org). People identifying as asexual, gray-asexual, and demisexual were all considered ‘asexual’ for the purposes of this study. An asexual’s lack of sexual attraction can be considered comparable to a heterosexual’s lack of sexual attraction toward someone of the same sex or a homosexual’s lack of sexual attraction to the opposite sex. There has been little research done on asexuality in any field. Alfred Kinsey’s main research consisted of creating a means to measure human sexuality on a scale of zero to six, zero being a person with exclusively heterosexual tendencies and six being a person with exclusively homosexual tendencies. The asexual individuals in his survey were not attracted to either and did not fit on his scale. While Kinsey did acknowledge that these individuals did not experience sexual attraction, he was uninterested in analyzing their data and disregarded it as it was not helpful in the development of his scale (Kinsey, 1948).

The present study’s purpose is to elaborate on the work of Paula Nurius (1983). Her study found that asexuals have higher rates of depression and lower self-esteem than any other major

sexual orientation. Asexuality is often disregarded or misunderstood by the public, and many asexuals need to explain their orientation as well as “come out” as asexual to those around them. Many people, upon first hearing of asexuality, will often misinterpret it as a symptom of some sort of medical condition or as a phase. When this misinterpretation happens, it may cause distress in asexual individuals. As asexuality is one of the more unknown sexual orientations, I examined a possible correlation between the denial of asexuality’s existence, and the rate of depression and (low) self-esteem in asexual individuals. I also measured the self-clarity of asexuals. If there is a correlation, then the high rates of depression and low self-esteem in asexual individuals may be connected to its general obscurity.

While there have been several studies showing what appears to be asexuality in animals and hundreds of asexually identified people have come forward, the concept is still ignored by the world at large. This leads to many unfortunate situations. Asexual people are often unaware that asexuality exists, and they think that there is something wrong with them. Others who are aware of asexuality are constantly faced with people who are either ignorant about it or deny its existence. Asexuals who attempt to “come out” to friends and family tend to be met with phrases like “you haven’t met the right person yet” or “you’re just a late bloomer; it will go away with time.” Many asexuals have their orientation challenged by friends, family, coworkers, and even doctors who are unaware of the research that has been done on the subject.

If asexuals who have had their identity challenged show a higher rate of depression, lower self-esteem, and lower self-concept clarity than similar people who have not had their identity challenged, then it is possible that the higher rate of depression in asexuals is due to the cultural ignorance of their sexuality. If this is the case, the public must be educated about asexuality and its validity as a sexual orientation in order to reduce incidents in which asexuals

feel that the validity of their sexual orientation is being questioned. Regardless of the results of this study, it is important to further educate the public on the existence of asexuality and its implications in order to help asexual individuals avoid uncomfortable and otherwise damaging situations.

Background

There has been very little research done on asexuality to date, and most of it has focused around its prevalence rather than its implications on mental health and self-esteem (see for example, Bogaert, 2004). There has been no research on asexuality and self-concept clarity. Papers focusing primarily on asexuality only began being published in 2004 in response to the growing asexual community online. Asexuality is, as defined by the community, a distinct lack of sexual attraction (asexuality.org). There is a spectrum of asexuality categorized by the amount of sexual attraction, if any, that an asexual experiences. Those who experience no sexual attraction at any point in their lives are considered asexuals, those who experience it very rarely are grey-asexuals, and demisexuals only experience sexual attraction to those with whom they have already formed a strong bond (asexuality.org). The best estimate of the prevalence of asexuality is 1.09% (Bogaert, 2004). There have been a number of articles referencing asexuality in the past decade due to the founding of the Asexual Visibility and Education Network (AVEN) in 2001.

Though there has been only one study on asexuality and its relation to mental health and self-esteem, and no research on asexuality and self-concept clarity, there have been a few on asexuality itself. Asexuality was first recorded by Kinsey in his 1948 study on human sexuality. He called those who had no sexual attraction to either sex “category ‘X’” but otherwise ignored

asexuals because he was studying sexual attraction; something that asexual individuals lack. Later on Berkey (1990) attempted to create a multidimensional scale designed to include asexuality based on Kinsey's research.

Bogaert (2004) was one of the first to study the prevalence of asexuality. He found that 1.09% of respondents to a national probability survey conducted in Britain in 1994 could be classified as asexual based on their response to a question asking about sexual attraction. The participants in this survey were residents of Britain between the ages of 16 and 59. The survey had 18,876 participants (Bogaert, 2004). He also found several variables that tended to be significant predictors of asexuality, but they varied depending on the gender of the individual. This research was done in order to determine if there might be a genetic component to asexuality by looking for similar physical characteristics among asexuals that were significantly different from the average population. Bogaert postulates that the reason that there has not been much research done on asexuality is that asexuality is not considered immoral by most religions and society, and asexuals are less likely to talk about their sexuality (or lack there-of) as they rarely see it as an important part of their identity. He also notes that individuals who choose to take part in studies on sexuality tend to have more sexual experience than the average person and seem to be more interested in sexuality than those who do not participate in sexual activity, and so asexuals are less likely to participate in a study on sexuality (Bogaert, 1996). Expanding on his work in 1996 and 2006, Bogaert questioned whether asexuality should be viewed as a dysfunction or a variation in sexuality. He concluded that, in most cases, asexuality is not a dysfunction, or the result of a dysfunction, but instead is a valid sexual orientation (Bogaert, 2008).

Most of the research done on asexuality to date has been attempts to classify it or to help other researchers study it. Some examples of attempts to classify or define asexual identity include the study on classification by Prause and Graham (2007) or Scherrer's (2008) study on the characteristics and traits of asexuals. Examples of papers dedicated to improving research on asexuality include Brotto (2010), who outlined how to find a better sample for studies, and Hinderliter (2009) who listed various problems with trying to research asexuality. Hinderliter was concerned that, as of yet, scientific research has no consistent operational definition for asexuality. He noted that, to date, there are two popular definitions: self-identification and individuals who experience little to no sexual attraction without necessarily self-identifying as asexual (2009). The present study uses self-identification as its definition of asexuality.

Hinderliter's main concern in finding asexual participants for studies was that the only reliable way to recruit a significant number of asexuals is through online avenues, specifically through communities dedicated to asexuals (2009). At the time that his article was written there was a fairly large asexual community on livejournal (livejournal.com) which has since moved to Tumblr (tumblr.com). Hinderliter expressed concerns that the majority of livejournal users were female and that recruiting through livejournal communities could lead to skewed quantitative data in regards to gender identity. He did not believe that this sort of recruitment would cause many problems in the collection of qualitative data. He also expressed concerns that asexuals unfamiliar with asexuality may be confused when asked about a romantic orientation and that, even when the concept is explained, their answers may be skewed as they have to decide how they identify on the spot for the purposes of the survey. Difficulties in the study of asexuals have also appeared in that many questionnaires are designed with forced choice questions about the gender of the participant with the only given choices being male and female. Many asexuals do

not identify as either of these categories and often have difficulty answering such questions. He also expresses concern that many measures of mental health and standard surveys assume that an amount of sexual attraction is an indication of health and that using these surveys and measures may lead to difficulties and inaccuracies when they are used with asexual individuals (Hinderliter, 2009).

Asexuals have also been used to further research on other minority sexualities. Scherrer (2010) used asexual relationships to study the role of marriage in current society in order to add to and expand the same-sex marriage discussion to one of the general role of marriage in society and its meaning and importance for marginalized sexualities.

Most recently, a study was designed to measure the prejudice faced by asexuals in relation to that faced by others based on their sexual orientation. The study found that asexuals face more intergroup bias than other sexual minorities and that asexuals were perceived as less human than other sexual minorities (MacInnis & Hodson, 2012). For the purposes of the study, prejudice was described as negative attitudes directed at a group of people. Those who were already predisposed to negative intergroup evaluations were more likely to view asexuals in a negative light. The study found that heterosexuals were viewed the most positively followed by homosexuals, then bisexuals, and then asexuals. Participants also indicated that they preferred contact with heterosexuals, then homosexuals, with bisexuals and asexuals coming in last (MacInnis & Hodson, 2012).

The only article that I could find that looked at asexuality, mental health, and self-esteem was published by Nurius (1983). Nurius describes the results of a questionnaire given to 689 participants designed to measure sexual orientation and levels of depression, self-esteem, marital

discord, and sexual discord. The Generalized Contentment Scale or GCS was used to measure depression in the participants. Asexual individuals were those who scored less than a 10.0 on the Sexual Activity and Preference Scale. There were 689 participants in her study, mostly graduate students and junior and senior undergraduates, 8% of which were considered asexual under these conditions. Her definition of asexual is considerably different from the definition used in Bogaert's (2010) study, so this may explain the difference in numbers. The study focused on heterosexual and homosexual individuals, so there is little data on asexuality, however the asexual group did show the highest rate of depression and lowest self-esteem out of any group, with the homosexual group coming in second. There has been some speculation that the higher rates of mental illness among LGBTQ individuals are due to social stress caused by stigma, prejudice, and discrimination against the community, and it is possible that this may also apply to asexuals. Meyer (2003) calls this sort of social stress "minority stress." His model of minority stress applies to individuals who experience "prejudice events, expectations of rejection, hiding and concealing, internalized homophobia, and ameliorative coping processes" (p. 674). He also includes alienation in this definition. Meyer believes that minority stress may be the cause of the elevated rates of mental illness in the LGBTQ community. It is certainly possible that asexuals experience minority stress in much the same way as the LGBTQ individuals do as described by Meyer. Additionally, Townsend (2009) did a study that showed that denial of multiracial identity, more specifically the inability to choose multiple racial identities on a survey, significantly lowered self-esteem in subjects who identified as multiracial. The present study raises questions about the denial of asexuality as a valid sexual orientation and its effect on self-esteem in asexuals.

The present study compared a group of people who identify as asexual and felt that they had had their identity challenged, a group who identify as asexual and felt that they had not had their identity challenged, and group that did not identify as asexual. I measured self-esteem, self-concept clarity, and depression and compared these groups to see if they are different in these measures. I also asked some open-ended questions about challenges to their asexuality and the effect on their identity. I intended to see if there was a connection between having one's identity challenged and low self-esteem, depression, and low self-concept clarity.

Method

Subjects

The participants in the study were found through the Asexuality Visibility and Education Network (asexuality.org), Facebook ([facebook.com](https://www.facebook.com)), and Tumblr ([tumblr.com](https://www.tumblr.com)). The survey was posted on the AVEN forums, various asexuality-themed blogs on Tumblr, and several asexuality groups on Facebook along with a message asking for participants. While the messages were aimed at asexuals, it was made clear that anyone over the age of 18 was welcome to participate in the study regardless of their sexual orientation. Those who chose to take the survey were considered participants. Before taking the survey, the participants were met with a screen containing the informed consent document. The message contained all of the information needed for the participant to make an informed decision about participating in the study. Once they read all of the information and acknowledged that they consented to participation and that they were over 18 years of age, they were able to move on to the survey. Subjects were given the option to retain anonymity. Subjects were not required to share their name or any other identifying information. Qualtrics data settings were set to replace IP addresses with unidentifiable ID

numbers. Unless the subject provided identifying information of their own volition, their data would be anonymous. This recruitment and data collection method was approved by the University of Colorado Boulder Institutional Review Board.

Apparatus

Qualtrics, an online survey webpage, was used to create the survey.

Procedure

The survey was created using Qualtrics (see appendix for entire survey). The first few questions were designed to get general information such as age, race/ethnicity, and gender identity. After collecting general information, the survey contained a question used to divide participants into three groups; sexual, asexual, and other. The third category included individuals who were unsure of their sexuality and individuals who previously identified as asexual but no longer do so. Sexuals were asked to skip to later questions that did not assume their asexuality. After participants were assigned to their subject groups, asexuals were asked to answer several questions about their experiences with others denying asexuality as a legitimate sexual orientation. These questions were used to separate the asexual participants into two sub-groups; those who had had their identity challenged and those who had not. What followed were several questions asking the asexual participants to rate how open they were about their asexuality with several groups including family, friends, and coworkers. Other questions asked about the participant's opinion of portrayals of asexuality and other nonstandard sexualities in popular media. There were fields for comments after these questions and at the end of the survey for participants to elaborate upon their answers or other things that they thought were important. The next few questions were designed to measure the participant's general level of stress and

depression. The survey used the Zung Depression scale (Zung, 1965) to measure depression, the Rosenberg Self-Esteem Scale (Rosenberg, 1965) to measure self-esteem, and Campbell's Self-Concept Clarity Scale (Campbell, 1996) to measure self-concept clarity. In the survey the scales were converted to utilize a seven point Likert scale for precision of measurement and consistency between questionnaires. The Zung Depression Scale had to be modified for the purposes of the survey as one of the questions assumed that a lack of sexual attraction was a symptom of depression, and its presence could have artificially inflated the scores of the asexual groups. After data collection, Zung scores were readjusted to account for this omission by adding the average of the scores on the other questions to the final score.

Results

The subject pool consisted of 1000 subjects. Eight hundred seventeen of the participants identified as asexual, questioning, or previously identified as asexual, while 183 were not asexual. The average age of the sample was 21.7 years. The average age of the asexual group was 21.8 with the youngest being 18 and the oldest being 68, while the average age of the sexual group was 21 with the youngest being 18 and the oldest being 49. The majority of the subjects who participated in the survey live in the United States, though a fair number of people from Canada, the United Kingdom, and Australia also participated. There was a small number of participants from other countries including Poland, Singapore, Thailand, Chile, Austria, New Zealand, Puerto Rico, Argentina, and Trinidad and Tobago. The majority of participants were Caucasian, though many other ethnicities and races were represented in the data with the second largest ethnic group being Hispanic and Latino. In regards to gender identity, 60.3% of the subjects identified as female, 10.4% identified as male, 10.6% identified as agender, 12.2% identified as something else, and 6.3% were questioning their gender identity.

The majority of the participants found out about asexuality through the internet though a small minority heard about it in school from special presentations and classes, or from friends. A number of participants were unaware that there was a term for asexuality but found it through searching for those with experiences similar to their own through the internet. Most of those who discovered it on the internet found it through Wikipedia, GLBTQ forums, or Tumblr. Those who discovered asexuality through popular culture often discovered it through online discussions of *Sherlock*; a television show on BBC based off of Arthur Conan Doyle's stories about Sherlock Holmes. Many stated that they knew that they were asexual long before they knew that there was a term for it.

As far as living spaces were concerned, 46.9% of participants live in the suburbs, 37.7% live in urban areas, and 12.8% live in the rural areas. Another 2.3% lived in places that they did not feel matched any of these base categories. The average size of the LGBTQ community in the subjects' areas varied widely. Some 22.6% of the participants did not know if there was a LGBTQ community in their area, 26% stated that there was no such community in their area, 29% claimed that there was some semblance of community, and 22.2% stated that there was a definite established community. When asked if they were in a relationship, 42.1% of the sexual group was in a relationship as opposed to 19.3% of the asexual group. In both groups the majority of those who were not currently in relationships did desire to be in relationships, though only 61.3% of the asexuals who were not currently in a relationship desired one as opposed to 74.5% of the sexual group. Most asexuals who wanted to be in a relationship desired a romantic but nonsexual relationship, though some stated that they only wanted a close tie with someone without sexual or romantic feelings. This sort of relationship was most often referred to as "queer platonic," meaning a relationship closer than friendship but not involving romantic or sexual

attraction (asexuality.org). In regards to romantic attraction, the majority of participants identified as panromantic (28.7%) or romantically attracted to people regardless of gender. Heteroromanticism (romantically attracted to the opposite gender) was slightly less common at 19.5%. Participants were least likely to identify as homoromantic (6.8%). Fifteen percent reported being aromantic or not experiencing romantic attraction to any gender. The rest of the sample was either birom (8.3%) or did not fall into any of the provided categories (8.7%). On average those in the sample first learned about the existence of asexuality at age 18.

On average, asexuals who participated in the survey had identified as asexual for three years, with the shortest being two weeks, and the longest being 35 years. Asexuals were most open about their asexuality with their significant other and tended to keep it mostly hidden around their family, strangers, and authority figures. In the case of coworkers, many asexuals stated that it was not their business, though there were occasions where they felt pressured to state their sexuality. Most who hid their asexuality from authority figures did so from doctors and therapists for fear of their lack of sexual attraction being misconstrued as a symptom of an illness or mental disorder. Those who kept their asexuality hidden from the LGBT community stated that they did so because they had had unpleasant experiences with the community in regards to their asexuality in the past, while some stated that they were open with the LGBT community online but kept their asexuality hidden offline. Asexuals were asked how open they were about their sexuality on a scale of one to seven, with one being the most hidden and seven being the most open. About half of the asexuals (54%) chose three or below on the scale when asked how open they were with their families. Most stated that they hid their identity because their family was homophobic and would likely not react well to a nonstandard sexual orientation, or that past attempts to be open had received negative responses. Those who were open with

their family often felt that they were misunderstood regardless of how open they were, and that their parents were displeased. One subject noted that when she ‘came out’ to her mother, she convinced her to keep it hidden from the rest of the family.

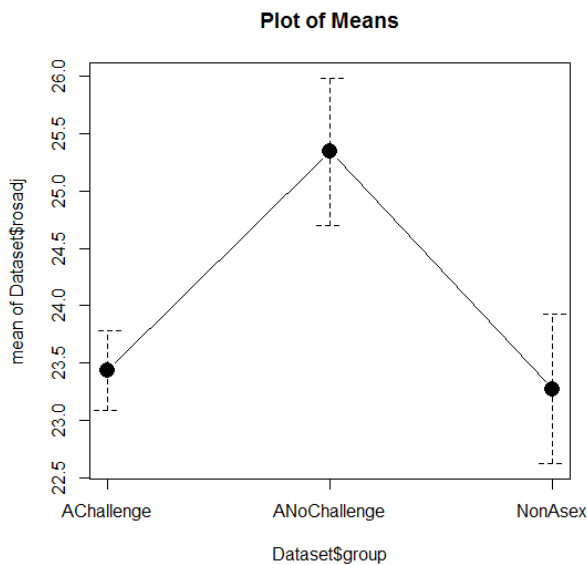
The majority (69.4%) of the asexuals who participated in the survey stated that they felt that their identity as an asexual had been challenged in the past. Those who felt they had had their identity challenged were most likely to have had it challenged by their friends, with family coming in second. Participants were least likely to have their identity challenged by an authority figure or their significant other, though approximately 14% of participants did have difficulty with their significant other’s views of their identity. The vast majority of challenges to asexuality that participants reported were phrases such as “you are a late bloomer” or “you have not met the right person.”

Most participants stated that they were only somewhat or not at all affected by media portrayals of asexuality. The majority stated that this was not due to media portrayals of asexuality but rather due to the lack there-of, though some stated that the lack of portrayal was what was causing them the most distress. Those who said that they were negatively impacted by the portrayal of asexuality often mentioned episode nine from season eight of *House*, in which a couple that identified as asexual was proven to be, in the man’s case, sick and in the woman’s case, lying. Many participants also mentioned Sheldon Cooper from *The Big Bang Theory*. They seemed pleased that he remained asexual, however many stated that his portrayal upset them because he also displays a variety of psychiatric symptoms, and they believe that he encourages negative stereotypes about asexuals. The majority of the asexual participants claimed to have strong feelings about the portrayal of other LGBTQ issues in the media, whether they believed asexuality was an LGBTQ orientation or not. Regardless of whether they considered themselves

part of the LGBTQ community, they were, largely, distressed when orientations such as homosexuality and bisexuality were portrayed in stereotypical or comedic way. Many believe that the representation of non-stereotypical and “non-token” LGBTQ characters in media is a positive trend, and some even expressed that they believed that it would lead to increased acceptance and understanding of the asexual community.

The present study failed to replicate Nurius’s findings that asexual individuals were significantly more depressed than heterosexual individuals. Overall, asexual individuals were not significantly more depressed than sexual individuals, and their self-concept clarity fell in the normative range. In the case of self-esteem, asexuals who had their identity challenged were not significantly different from sexuals, however those who had not had their identity challenged had significantly higher self-esteem than the participants who did not identify as asexual, and the other asexual group ($F(2, 987) = 3.84, p < 0.05$).

Figure 1. Group Means for Self-Esteem



There was no significant difference in levels of depression or self-concept clarity between the sexual group, asexuals who had their identity challenged, and asexuals who had not had their identity challenged. There was no correlation between being challenged by family members and self-concept clarity or depression. The number of years that asexual participants had identified as asexual was negatively correlated with depression ($r(653) = -.11, p < 0.01$). In other words, the longer participants identified as asexual, the less depressed they were. There was no correlation between depression and age in the sexual group.

Discussion

While I had expected to find that asexuals who had their identity challenged were more prone to depression, low self-esteem, and low self-concept clarity, this was not the case. The sample as a whole fell in the normal range for self-esteem, self-concept clarity, and depression and, for the most part, asexuals who had their identity challenged were not different. I did find that asexuals who had not had their identity challenged did have significantly higher self-esteem than the other two groups. This finding is somewhat consistent with Townsend (2009) who found that a group that was denied its identity had lower self-esteem than groups that were not. The high self-esteem in the unchallenged asexual group may be explained by the fact that they have not been challenged, but this explanation does not take into account the sexual group's significantly lower self-esteem. It is possible that those who have not had their identity challenged have higher self-esteem in the first place, and are less likely to see comments as a challenge to their identity than other groups, or that asexuals have higher self-esteem on average because they do not have as much reason to worry about being sexually attractive to others, particularly in early adulthood. This group was also slightly older on average (an average age of

22 and opposed to 20 or 21) than the other two groups, and I found a positive correlation between age and self-esteem which may explain the difference ($r(876) = .14, p < .001$).

In addition to the self-esteem differences, the longer that participants identified as asexual, the lower their levels of depression ($r(653) = -.11, p < .01$). This seems to indicate that asexuals become happier overall the longer that they identify as asexual. I was unable to replicate Nurius's findings that asexuals were more likely to be depressed than other sexual orientations (Nurius, 1983). This may be because of differing methods of measurement for depression, or from using a different definition of "asexuality." It may also be because of a difference in the sample used; while Nurius was surveying American university students in 1983, this sample was open to anyone over the age of 18 and was collected in 2012. This might reflect a cultural change in asexual people due to the rise of the asexual community.

In regards to the composition of the asexual sample, there were some surprising developments. The majority of the people who identified as asexual (69.4%) reported that they had their identity challenged in the past. It seems that the majority of asexuals, nearly 70%, have had their identity challenged or denied at some point and, judging by their comments, this has happened multiple times to many of them. The participants were the ones to decide whether they had been challenged or not, so it is possible that some people who may have had their identity challenged or denied by one definition did not by another, or vice versa. It is also possible that there are a number of people who have not had their identity denied because they keep their asexuality hidden from others for fear of rejection. Some who reported having their identity challenged may have not had it challenged directly; they may have seen something denying or discrediting asexuality on television or in a book. It may be worthwhile to see how this percentage compares to other sexualities and groups in the future. Asexuality as an orientation is

a relatively new concept, and it is possible that things will change over time. LGB groups were hidden groups in the past, and LGB characters in the media started out as novel or stereotyped, but now LGB characters are relatively common, and tend to avoid stereotypical portrayals. Over the next decade or so we can probably expect to see asexuals and other non-standard sexual orientations, romantic orientations, and gender identities become more visible in the media, and in public discussions.

This study does have its flaws. Because of the difficulty of finding a large sample of asexuals by chance, I chose to use the internet. Unfortunately, this limited my sample to asexuals who were already involved in the asexual community online. Those who do not have regular contact with the asexual community were less likely to discover the study and participate in it, and because I gathered my sample through social networking sites the average age of the sample is rather low. The sexual group was also small in comparison to the experimental group due to an unexpected amount of enthusiasm from the asexual community.

This study raises a great number of questions to be addressed in future research. The treatment of asexuality varies from place to place and person to person. It might be beneficial to find out how it is treated in different cultures. Differing values and importance on the importance of sex and sexual attraction may lead to differing treatment and levels of acceptance of asexuals. The relationship between the frequency that asexuals hear asexuality discussed and self-concept clarity may be another thing that is worth examining. The relationship between depression and romantic orientation is also worth examining. It seems likely that those who identify as homoromantic, biromantic, panromantic, or some other non-heteroromantic identity will be more likely to have higher rates of depression, as they will be more likely to face the same difficulties and prejudice that those in the LGBTQ community currently face, whether they identify with the

community or not. Those with nonstandard gender identities will likely show similar relationships with depression to those with nonstandard romantic orientations.

The asexual community has only recently begun to be studied, and there is much that we still do not know about asexuality and its implications for other sexual orientations and other emerging identities. While this study does answer some questions, there are many others that still need to be addressed.

Appendix

Asexuality Survey

Answer the following questions as best you can. There will be places for you to type comments related to the questions. Feel free to write as little or as much as you want in these spaces. Remember that research like this is more valuable the more information we have. We will also ask at the end for general comments, so if there is something that you want to say and you do not have the opportunity to say it in the questionnaire, save it until the end.

1. How old are you? ____
2. What country do you live in? _____
3. What is your ethnicity? Check all that apply. Caucasian, African or African descent, American Indian or Alaska native, Asian, Hawaiian Native or Pacific Islander, Hispanic, Latino, or Spanish origin, Other: _____
4. What sort of place do you live in? Urban, Suburbs, Rural, Other: _____
5. Is there a large GLBT community where you live? Yes, No, Somewhat, Don't know
6. Do you identify as asexual? Yes No Questioning Not anymore
7. If so, for how long have you identified as asexual? _____ n/a
8. At what age were you first made aware of the concept of asexuality? _____
9. How did you first hear about the concept of asexuality? _____
10. How do you define asexuality? _____
11. Are you currently in a relationship? Y/N/It's complicated
 - a. If yes would you like it to be different? Y/N/ n/a
 - i. If so, how? _____
 - b. If no then do you desire to be in a relationship? Y/N/ n/a
 - i. If so, what kind? _____
 - c. If yes, please explain. (Include gender identity of your S.O. and their sexuality if known.) _____
12. How do you identify on the asexual spectrum?
 - a. Asexual (Experiences no sexual attraction and/or desire to engage in sexual activity.)
 - b. Demisexual (Only experiences sexual attraction to people with whom they already share a strong bond.)
 - c. Grey-asexual (Experiences sexual attraction very rarely.)
 - d. Other
 - e. N/A (I do not identify as asexual.)
13. What is your gender identity?

- a. Female
 - b. Male
 - c. Agender (Does not identify with a gender)
 - d. Questioning (Unsure of gender identity)
 - e. Intersex
 - f. Gender fluid (Moving between genders)
 - g. Other _____
14. What is your romantic orientation? (To whom do you find yourself attracted to romantically?)
- a. Heteroromantic (Romantic attraction to the opposite gender)
 - b. Homoromantic (Romantic attraction to the same gender)
 - c. Biromantic (Romantic attraction to both males and females)
 - d. Panromantic (Romantic attraction to someone regardless of gender)
 - e. Questioning (Unsure)
 - f. Aromantic (Does not experience romantic attraction)
 - g. Other _____
15. Do you consider yourself part of the LGBTQ community?
- a. Yes
 - b. No
 - c. Undecided
 - d. No but I am an ally
 - e. Other _____
- (If you do not identify as asexual please skip to question 24.)
16. At what age did you start identifying as asexual? ____
17. How open are you about your asexuality to strangers?
- a. 1 (completely hidden) 2 (Mostly Hidden) 3(Somewhat hidden) 4(Neither hidden nor open), 5 (somewhat open), 6 (mostly open), 7 Completely open
 - b. Comments: _____
18. How open are you about your asexuality to family?
- a. 1 (completely hidden) 2 (Mostly Hidden) 3(Somewhat hidden) 4(Neither hidden nor open), 5 (somewhat open), 6 (mostly open), 7 Completely open
 - b. Comments: _____
19. How open are you about your asexuality to friends?
- a. 1 (completely hidden) 2 (Mostly Hidden) 3(Somewhat hidden) 4(Neither hidden nor open), 5 (somewhat open), 6 (mostly open), 7 Completely open
 - b. Comments: _____
20. How open are you about your asexuality to coworkers?
- a. 1 (completely hidden) 2 (Mostly Hidden) 3(Somewhat hidden) 4(Neither hidden nor open), 5 (somewhat open), 6 (mostly open), 7 Completely open, N/A

- b. Comments: _____
21. How open are you about your asexuality to your significant other?
- a. 1 (completely hidden) 2 (Mostly Hidden) 3(Somewhat hidden) 4(Neither hidden nor open), 5 (somewhat open), 6 (mostly open), 7 Completely open
- b. Comments: _____
22. How open are you about your asexuality to authority figures? (e.g. a doctor, teacher, boss, etc.)
- a. 1 (completely hidden) 2 (Mostly Hidden) 3(Somewhat hidden) 4(Neither hidden nor open), 5 (somewhat open), 6 (mostly open), 7 Completely open
- b. Comments: _____
23. How open are you about your asexuality to the LGBT community?
- a. 1 (completely hidden) 2 (Mostly Hidden) 3(Somewhat hidden) 4(Neither hidden nor open), 5 (somewhat open), 6 (mostly open), 7 Completely open
- b. Comments: _____
24. Do you feel that you have ever had your identity as an asexual challenged? Yes No N/A
(If no or n/a skip to question 24)
- a. Have you felt challenged by your friends? Y/N/na
- i. If so, rate the experience on a scale of 1 to 7, 1 being most negative and 7 being most positive.
- b. Family? Y/N 1-7 n/a
- c. Authority Figures? Y/N 1-7, n/a
- d. Stranger? Y/N 1-7, n/a
- e. Your significant other? Y/N 1-7, n/a
- f. A member of the LGBT community? Y/N 1-7, n/a
- g. Other: _____ 1-7, n/a
- h. Please describe one or more of these experiences if you have not already:
_____ (Optional)
- i. To what extent did any of these experiences make you question your decision to identify as asexual? 1 (not at all)-7 (I stopped identifying as asexual), n/a
25. Have you been affected by positive or negative media portrayals of asexuality?
No/Somewhat/Yes
- a. Comments: _____
26. Have you been affected by positive or negative media portrayals of any sexual orientations? No/Somewhat/Yes
- a. Comments: _____
27. Please rate the following statements on a scale of 1-7 with 1 being “none of the time” and seven being “all the time.”
- a. I feel down-hearted, blue, and sad.
- b. Morning is when I feel the best.
- c. I interact with members of the LGBTQ community.

- d. I have crying spells or feel like it.
 - e. I have trouble sleeping through the night.
 - f. I hear others discussing asexuality.
 - g. I eat as much as I used to.
 - h. I notice that I am losing weight.
 - i. I interact with other asexuals.
 - j. I have trouble with constipation.
 - k. My heart beats faster than usual.
 - l. I get tired for no reason.
 - m. I feel as if my identity as an asexual is dismissed.
 - n. My mind is as clear as it used to be.
 - o. I find it easy to do the things I used to do.
 - p. I am restless and can't keep still.
 - q. I wonder if there is something wrong with me.
 - r. I feel hopeful about the future.
 - s. I doubt my identity because someone has challenged it.
 - t. I am more irritable than usual.
 - u. I find it easy to make decisions.
 - v. My friends are supportive of my identity.
 - w. I feel that I am useful and needed.
 - x. My life is pretty full.
 - y. I feel that others would be better off if I were dead.
 - z. I still enjoy the things I used to do.
28. Please rate the following on a scale of 1 to 7, 1 being completely disagree and 7 being completely agree.
- a. My beliefs about myself conflict with one another.
 - b. I feel that I am a person of worth, at least on an equal basis with others.
 - c. On one day, I might have one opinion of myself and on another day, I might have a different opinion.
 - d. I feel that I have a number of good qualities.
 - e. I spend a lot of time wondering about the kind of person I am.
 - f. Sometimes I feel that I am not really the person I appear to be.
 - g. When I think about the kind of person I have been in the past, I'm not sure what I was really like.
 - h. All in all, I am inclined to feel that I am a failure.
 - i. I am able to do things as well as most people.
 - j. I seldom experience conflict between different aspects of my personality.
 - k. Sometimes, I think I know other people better than I know myself.
 - l. My beliefs about myself seem to change frequently.
 - m. I feel I do not have much to be proud of.

- n. If I were asked to describe my personality, my description might end up being different from one day to another.
 - o. Even if I wanted to, I don't think I could tell someone what I'm really like.
 - p. I take a positive attitude toward myself.
 - q. In general, I have a clear sense of who and what I am.
 - r. It is often hard for me to make up my mind about things because I don't really know what I want.
 - s. I wish I could have more respect for myself.
 - t. I certainly feel useless at times.
 - u. At times, I think I am no good at all.
29. Additional comments: (Please feel free to write anything else that you would like to say or that you felt we left out.) _____
30. This is intended to be an anonymous survey, however sometimes I may require a few additional comments. May I contact you if I have follow-up questions? If 'yes' please type your e-mail: _____

References

- AVEN (2008). The Asexuality Visibility and Education Network. Retrieved from <http://www.asexuality.org/>
- Berkey, B. R., Perelman-Hall, T., & Kurdek, L. A. (1990). The multidimensional scale of sexuality. *Journal of Homosexuality, 19*(4), 67-87.
- Bogaert, A. F. (2004). Asexuality: Prevalence and associated factors in a national probability sample. *Journal of Sex Research, 41*(3), 279-287.
- Bogaert, A. F. (2006). Toward a conceptual understanding of asexuality. *Review of General Psychology, 10*(3), 241-250.
- Bogaert, A. F. (2008). *Expert commentary B: Asexuality: Dysfunction or variation?* Hauppauge, NY, US: Nova Biomedical Books.
- Brotto, L. A., Knudson, G., Inskip, J., Rhodes, K., & Erskine, Y. (2010). Asexuality: A mixed-methods approach. *Archives of Sexual Behavior, 39*(3), 599-618.
- Campbell, J. D. (1996). Self-Concept clarity: Measurement, personality correlates, and cultural boundaries. *Journal of Personality and Social Psychology, 70*(1), 141-156.
- Hinderliter, A. C. (2009). Methodological issues for studying asexuality. *Archives of Sexual Behavior, 38*(5), 619-621.
- Kinsey, A. C., Pomeroy, W. B., & Martin, C. E. (1948). *Sexual behavior in the human male*. Oxford, England: Saunders.
- MacInnis, C. C., & Hodson, G. (2012). Intergroup bias toward "Group X": Evidence of prejudice, dehumanization, avoidance, and discrimination against asexuals. *Group Processes & Intergroup Relations*, doi:10.1177/1368430212442419
- Meyer, I. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin, 129*(5), 674-697.
- Nurius, P. S. (1983). Mental health implications of sexual orientation. *The Journal of Sex Research, 19*(2), 119-136.
- Prause, N., & Graham, C. A. (2007). Asexuality: Classification and characterization. *Archives of Sexual Behavior, 36*(3), 341-356.
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.
- Scherrer, K. S. (2008). Coming to an asexual identity: Negotiating identity, negotiating desire. *Sexualities, 11*(5), 621-641.

Scherrer, K. S. (2010). What asexuality contributes to the same-sex marriage discussion. *Journal of Gay & Lesbian Social Services: The Quarterly Journal of Community & Clinical Practice*, 22(1-2), 56-73.

Townsend, S. S. M., Markus, H. R., & Bergsieker, H. B. (2009). My choice, your categories: The denial of multiracial identities. *Journal of Social Issues*, 65(1), 185-204.

Zung, WW (1965). A self-rating depression scale. *Arch Gen Psychiatry*, 12, 63-70.