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Asexual People's Experience with Microaggressions

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A thesis submitted in fulfillment of the requirements for the degree of Masters of Arts in
Forensic Psychology at John Jay College of Criminal Justice – City University of New York

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Abstract

Asexuality as a non-heterosexual identity is a target of microaggressions similar to those experienced by other non-heterosexual identities. In this study asexual participants reported experiencing invalidation, sexual normativity/romantic normativity, pathologization, ignorance, general LGBTQIAP+ prejudice, dehumanization, rejection, disappointment, infantilization, tokenization, sexual threats/pressure, and sexual assault/corrective rape. These microaggressions came from various sources; family, partners/potential partners, friends/acquaintances, medical professionals, media, school systems, other LGBTQIAP+ people, and religious institutions. These led to emotional, cognitive, and behavioral reactions. Participants also reported negative mental health outcomes they linked to these microaggressions.

Introduction and Literature Review

While society is making strides towards accepting people of historically marginalized groups, research has supported that discrimination may take more subtle forms and may still be quite prevalent in the United States and abroad; these types of experiences are often referred to as microaggressions (Nadal, 2018). Previous studies have found that the accumulation of microaggressions can all have negatively impact various psychosocial outcomes for people with historically marginalized identities- including self-esteem, depression, anxiety, and trauma (Nadal, 2018; Nadal, Whitman, Davidoff, Davis, & Erazo, 2016). Specific to people with non-heterosexual identities, or those who identify as LGBTQIAP+ (e.g., Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual/Aromantic, Pansexual, and more), microaggression studies have highlighted an abundance of experiences such as dehumanization, rejection, and tokenization (Nadal, 2013; Nadal et al., 2016). However, most of these research studies have concentrated primarily on experiences of lesbian, gay, and bisexual people, without further highlighting people with other non-heterosexual identities (e.g., asexual/aromantic, pansexual, etc.). While it can be presumed that individuals with these identities may experience similar types of microaggressions as lesbian, gay, and bisexual (LGB) people, there is a dearth of research that concentrate specifically on how asexual people experience microaggressions. Thus, the current thesis will explore how asexual people experience, and react to, microaggressions based on their asexual identities.

Asexuality had been initially defined as "having no sexual attraction to a partner of either sex" (Bogaert, 2004, p.279). However, more recently, asexuality has been defined as "A sexual orientation characterized by a persistent lack of sexual attraction to any gender" (Asexuality Archive, 2012), to demonstrate inclusiveness of nonbinary identities- people that identify outside

of the male-female gender binary. In a study done on a large sample of British participants- asexual people make up approximately 1% of the population (Bogaert, 2004). This percentage is comparable to the percentage estimate is slightly lower than estimates that report that 3.5% of people identify as LGB; 8.2% of people who have engaged in same-sex sexual behavior; and 11% of people who acknowledge some same-sex sexual attraction (Gates, 2014). It is also likely that this is an underestimate due to asexual people self-selecting out of the survey and being unwilling to report what they may see as a sexual attraction that is deviant from the norm (Bogaert, 2004). While experts have debated whether asexuality is an orientation, pathology, or an absence of sexual orientation (Bishop, 2013), the most prominent asexual organizations have classified asexuality as a sexual orientation (Asexual Visibility and Education Network [AVEN], 2015; Asexuality Archive, 2012)

As an orientation, asexuality is about who one has lustful attraction to (for asexual people the answer is no one) rather than what sexual acts an asexual person may or may not engage in or their level of sex drive (Bogaert, 2004; Carrigan, 2011). People who identify as asexual do not necessarily have anything inhibiting physical arousal or sexual climax, and they may have a sex drive and experience sexual desire—although they may be repulsed by these behaviors or feelings (Bogaert, 2006). Sexual desire or sex drive refers to the desire for sexual stimulation; asexuality does not necessarily preclude sexual desire so asexual people may engage in sexual activities or masturbation for reasons other than sexual attraction (Bogaert, 2006).

Asexuality is also misclassified as a medical or psychological disorder – namely sexual arousal disorders, such as Female Sexual Arousal/Interest Disorder (FSAID) or Hypoactive Sexual Desire Disorder (HSDD). However, people who are diagnosed with FSAID and HSDD will usually still have a sexual attraction to a certain gender (or multiple genders). They have

anxiety surrounding genitals or sex acts or have a low sex drive that prevents them from engaging in sex; they don't necessarily lack sexual attraction (Bogaert, 2006).

Although the formal study of asexuality is in its infancy, there appear to be variations of this sexual orientation. In one form, known as grey-asexuality, someone experiences sexual attraction very rarely or at a very low level or for a brief period of time (Deutsch, 2017). As the label implies, this is a grey area and is not prescriptively defined, but the commonality is that grey-asexual people feel like their experiences do not align with those of non-asexual people. Demisexuality is another variation of asexuality, in which someone experiences sexual attraction only after a strong emotional bond has formed with another person (Deutsch, 2017). Romantic orientation, towards whom one is romantically attracted, is another important term in asexual communities, although it is not specific to asexuality (Deutsch, 2017). Romantic attraction is defined as feelings of affection or infatuation towards a specific person or a category of people (Bogaert, 2006) and some asexual people do experience attraction. Romantic orientation is conceptualized by most asexual people as separate from their sexual orientation and follows the same labeling pattern as sexual orientation (heteroromantic, homoromantic, aromantic, biromantic, panromantic, demiromantic) and asexual people can have any romantic orientation (Scherrer, 2008; Deutsch, 2017). Aromantic people do not experience romantic attraction (Deutsch, 2017). Some asexual people are also aromantic but anyone of any sexual orientation can be aromantic. Sex-averse and sex-indifferent are terms that relate to an asexual person's relationship to sex as an activity (Carrigan, 2011). Sex-averse asexual people do not want sex for themselves and may even be repulsed by it in other situations such as movies or discussions with friends. Being sex-indifferent is feeling indifferent to the idea of having sex for oneself but tolerating it in media and society in general. Sex-positive has been used to describe asexual

people who want to engage in sexual activity but it is also the name adopted by a social movement promoting sex as a positive activity. Some asexual people may identify as sex-positive or not because of their feelings about this movement, without it having any bearing on their feelings on sex as an activity for themselves (Carrigan, 2011).

Asexuality and Discrimination

Recognition is emerging that asexuality is a valid sexual orientation. This emergence shares similarities with past (and some present) attitudes toward other sexual minorities, including the attempt to label it as a pathological disorder by comparing it to sexual dysfunctions, similar to the manner in which the sexual orientations of lesbian, gay, and bisexual (LGB) people were treated as medical conditions in the past (Scherrer, 2008). There are also certain forms of societal and legal discrimination that value people who have sex (particularly heterosexual sex) over asexual people, for example, there are laws that allow for the annulment of marriages based on non-consummation, implying that a marriage isn't valid if it does not include sex (Bogaert, 2015). Sexuality is often considered a universal human experience and the existence of asexual people disrupts that idea, which can cause backlash against them (Scherrer, 2008; Gressgård, 2013). Similar to young LGB people, asexual individuals have often reported first feeling different during adolescence and felt there was something wrong with them until they learned about asexuality and found a community with similar experiences (Carrigan, 2011). Many asexual people have described "sexual assumption," where they assumed they would have or would want to have sex someday and even went to lengths such as sex therapy and drugs in an attempt to "fix" themselves (Carrigan, 2011). Some asexual people also reported having sex because they felt like it was expected of them and something that "normal" healthy people should do, not because they actually desired it (Carrigan, 2011). In some cases that led to failed

relationships and sexual activity that ranged from unpleasant to coercive (Carrigan, 2011).

Asexual persons are often told it is "just a phase" or their feelings are repeatedly invalidated or they are frequently asked to explain their feelings. This pattern of social interactions, repeated over and over, can be incredibly damaging to someone trying to figure out their sexual identity, especially when coupled with the commonly-held idea that not experiencing sexual attraction means there is something wrong with you (Carrigan, 2011).

There has been some research that indicates heterosexual persons are intentionally biased against asexual persons and would likely avoid them and discriminate against them in housing and jobs, sometimes even preferring other sexual minorities over asexual people (MacInnis & Hodson, 2012). MacInnis and Hodson (2012) found that heterosexual persons also consistently rated asexual persons as "less human" than other sexualities, and they were likely to consider them more animalistic and more machine-like than heterosexual people. However, in some instances heterosexual people rated homosexual people as more human than heterosexual people, which does not fit their theory of heterosexual bias against the out-group, so their measure of humanity may be flawed. Despite this possible problem with their measure, their work indicates that heterosexual people are likely to be biased against asexual people and to commit microaggressions against them, as well as the direct discrimination reported.

In a study on the mental health of self-identified asexual individuals, Yule, Morag, Brotto, and Gorzalka (2013) found that this group experienced a higher rate of psychological disturbances, such as anxiety and depression, than did people with other sexual orientations. Asexual individuals were significantly more likely to answer yes to the questions on mood and anxiety disorders than other non-heterosexual participants. Since this aspect of mental health is similar to that of LGB people, it has been speculated that they may experience similar

marginalization to that of other sexual minorities and possibly even more stigma due to being deviant from the norm of sexual attraction.

In a study on the development of asexual identity, participants often felt their asexual identity lacked credibility and was not visible due to heteronormativity (Macneela & Murphy, 2015). Heteronormativity is the assumption that everyone is heterosexual and wants a heterosexual relationship (e.g., assuming that when a woman mentions going on a date, her date was or is with a man; Pearson & Wilkinson, 2013). Their social environment inhibited the development of positive self-identification as asexual because they were often met with delegitimization, pathologization, and refusal to accept their identity by many people, including their peers and family (Macneela, et al., 2015). When asexual people “come out” as asexual, many commonly report that they are often met with others attempting to explain away their orientation (Bishop, 2013); friends and family members might argue that this gender identity could not be real, must be a psychological or physical disorder, they were immature, or they were secretly another identity such as gay. They often managed this by trying to be sexual or trying to fit into the norm, and then, if an asexual identity was accepted, struggling to figure out how to find a relationship that suited their needs. Asexual people often responded to this invalidation by refraining from disclosing their orientation to social contacts, a pattern that can result in feeling isolated or having to put up with explaining asexuality each time it comes up in conversation. These types of experiences have often been described as microaggressions and are similar to those that have been experienced by LGB people. Due to this similarity, it is likely that asexual individuals do experience microaggressions and that the effects of microaggressions on their emotional and mental health would be similar to that on LGB people, but there has yet to be any research directly investigating this.

Microaggressions

Microaggressions are “brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative slights and insults toward members of oppressed groups” (Nadal, 2008, p. 23). Nadal and colleagues argue that there are three overarching types of microaggressions: Microassaults, which are conscious acts such as slurs or offensive jokes (e.g., comedians who make derogatory comments about queer or transgender people); microinsults, which are unconscious words or actions that send negative attitudes towards the victim (e.g., crossing the street when they see a man of color or acting uncomfortable around same-gender couples); and microinvalidations, where the experience of the oppressed group is dismissed (e.g., a lesbian is told that she complains too much about sexism or homophobia; Nadal, Issa, et al., 2011a). Many of the experiences described by asexual people in past research could fit the description of microaggressions.

Over the past ten years, the research on the types of microaggressions affecting LGBTQ people has increased significantly, highlighting the several types of microaggressions that LGBTQ people experience (Nadal, et al., 2016). Nadal, Rivera, and Corpus (2010) proposed a taxonomy of microaggressions towards LGBTQ people, with themes including: Use of heterosexist/transphobic terminology (language that prioritizes heterosexuality and is derogatory to transgender people), assumptions of sexual pathology/abnormality, endorsement of heteronormative or gender normative culture/behaviors, assumption of universal LGBT experience, exoticization, discomfort/disapproval with the LGBTQ experience, and denial of heterosexism.

Several qualitative studies have validated this model focusing on LGB people (e.g., Nadal, Issa, et al., 2011) and transgender and gender nonconforming people (e.g., Nadal, Skolnik, and Wong, 2012). Studies on intersectional microaggressions have found that LGBTQ people of color encounter microaggressions based on their race, ethnicity, gender, sexual orientation, and other identities (Nadal et al., 2015; Nadal, Erazo, Shulman, Han, & Deutsch, 2017). Microaggressions against LGB people have been found to affect their everyday lives through subtle discrimination and stereotypes towards them (Platt, 2015; Nadal, 2011). Microaggressions have been found to have negative impacts on the mental health, self esteem, and general well-being of LGB people. Platt and Lenzen (2013) found that microaggressions often put the individual in the difficult position of having to either accept the microaggression or to disclose their sexual orientation to someone in what may not be a safe situation. It often caused distress at the time of the event but could also lead to a longer lasting trauma (Nadal et al., 2011b). The effect was particularly strong on young adults who were only just discovering their identity because it affected their ability to develop self-esteem, made them uncomfortable identifying as LGB, and sometimes affected their education, social life, and mental health—resulting in long-term impacts on their life (Nadal et al., 2011b; Platt & Lenzen, 2013). LGB individuals who experienced microaggressions had negative emotional, cognitive and behavioral reactions, and they reported that dealing with the microaggressions was emotionally draining (Nadal et al., 2011b).

Even within the research on asexuality as a sexual orientation there have been microaggressions perpetrated by the researchers! This is important to understand because experts in the field can have a large impact on the concept of asexuality. "Mystery" and "enigma" were terms used to describe asexuality or asexual people several times in the literature (Bishop, 2013;

Stevenson & Gonsiorek, 2015), treating asexual people as something abnormal and exotic (which are documented as typical microaggressions for LGB people; Nadal, 2013). These articles were written in a way that couched asexuality as a fascinating oddity in sexuality research rather than a natural part of the sexuality spectrum. They also did not seem to be written with the thought that actual asexual people may read them and feel uncomfortable being described in this way. Furthermore, the opinions given in a discussion among asexual experts indicated they thought they had the authority to either guess at or speak over the experiences of asexual people; for instance, by saying that asexual persons who engage in sexual activity likely have a physical or psychological impairment to their "true" sexuality, even though in other studies asexual people report that they separate sexual behavior from sexual attraction and that asexual people who have sex still identify as asexual (Bishop, 2013; Bogaert, 2004; Carrigan, 2011). This is important because experts studying these marginalized sexual identities should be sensitive to the ways in which they could inadvertently perpetuate microaggressions and even spread them from a position of authority.

The Present Study

This study is attempting to fill the void in the research on asexuality and microaggressions and their effect on the mental health of asexual people. So far, that has not been explored. It is also unique in that participants were recruited in ways that are different than previous studies on asexual people, in order to get a more comprehensive picture of asexual experiences. For instance, most of the past asexual research has been collected from AVEN (e.g., Yule, et al., 2013), whereas this study focused on other recruitment strategies. Most past research on asexual people also did not recognize the role of intersectional identities on microaggressions. Previous literature has been revealed that microaggressions are often attributed to multiple

identities (e.g., being a woman of color; being African American and LGBTQ+) that affect how they experience microaggressions (Nadal et al., 2015). This study will attempt to capture the experiences of the asexual community with microaggressions as accurately as possible; therefore, the intersectional identities of participants will be taken into consideration.

This study will attempt to answer the questions: 1) Do asexual people experience microaggressions?; 2) If so, what type of microaggressions do they experience?; 3) From whom do these microaggressions originate?; 4) How do asexual people react to microaggressions?; 5) Are microaggressions linked to negative mental health outcomes for asexual people? 6) What effect do intersectional identities have on these experiences?

Methods

Design

The current exploratory study collected qualitative data from eleven ($N = 11$) participants who identified as asexual. The data was then transcribed and analyzed by the primary investigator and a research team of two additional members. The primary investigator and the team highlighted participants' quotes that they deemed to demonstrate microaggressions and collectively sorted those quotes into themes. The themes were modeled on past research on LGBTQ microaggressions (e.g., Nadal, Issa, et al., 2011; Nadal et al., 2012); however, themes were modified when they were unique to asexual experiences. The team used tenets from Consensual Qualitative Research (CQR) methods (see Hill et al., 2005), in which all research team members had to discuss each item and be in agreement before it was finalized.

Materials

The main material was an eleven part semi-structured in-person interview based on the interview questions from Capodilupo and colleagues's (2010) study on microaggressions and

gender, altered to collect data on asexuality instead of gender. Example questions include "Think about a time when you may have been subtly discriminated against because of your sexual orientation. Describe the scenario as best as you can", and "Describe a time in which someone had made a disparaging remark or used derogatory language about your sexual orientation" (see appendix A for interview script). Before the interview, the participants were given a demographic survey that included information on their age, race, and gender. Where appropriate, an "other" category was available for participants to fill in their own answer. The demographic questionnaire consisted of 6 questions (appendix B).

Participants

The study yielded a total of eleven self-identified asexual participants; all who self-identified as women and not transgender, though some reported questioning their gender identity. The participants were mostly young people under the age of 25 ($M=22.27$, $SD=2.24$) years old. There were ten White participants and one Latinx participant. Two participants identified as grey-asexual, one of whom also identified as demisexual, and nine identified as asexual. Three participants also identified as aromantic. Two people identified as demiromantic, one also identified as aromantic. Three people also identified as bi or bicurious. One identified as panromantic and grey-romantic. Ten participants were from the United States of America and one was from Mexico. All of the participants had access to the Internet and were members of the online asexual community.

Recruitment

Self-identified asexual people were recruited through the social networking sites MeetUp.com and Facebook with the permission of the site moderators. The participants were

given an email contact so they could ask questions about the study and set up an interview time with the researcher.

Procedure

After agreeing to participate four of the interviews took place at North Eastern university, four through the video service Skype, and three by phone. First, each participant was given an informed consent form to read and sign, and then they were presented with a demographic questionnaire. The oral interview began by providing participants with the definition of microaggression and examples to ensure they understood the concept. The interview lasted approximately one hour and then the participants filled out a demographic questionnaire. Afterwards they were debriefed on the purpose of the study to gather research on asexuality and microaggressions and given information on counseling resources. The audio of the interviews was recorded by the researcher and then transcribed verbatim into a document to be coded.

Coding

The data were coded by the primary investigator and research assistants to standards of consensual qualitative research (Hill et al., 2005), where all parties must agree with domains and themes by categorizing quotes and examples. Many of the themes were derived from those that were found to be common in past microaggressive research (Capodilupo et al., 2010; Nadal et al., 2011; Platt & Lenzen, 2011). Some of these themes include (a) type of microaggression, (b) emotional and behavioral reactions, (c) source of microaggression, and (d) mental health effects. Each theme had to have had at least three (3) examples within the entire dataset that all group members agreed upon. While traditional CQR methods typically utilize an external auditor, this step was not included, due to time constraints.

Results

The data was categorized into three domains: (a) Microaggressions, (b) Source of microaggressions, (c) Reactions and Psychological Outcomes. Under Domain 1, there were several themes: invalidation, sexual normativity, disappointment, alienation/isolation, pathologization, tokenization, infantilization, dehumanization, sexual pressure/manipulation, ignorance, assault/corrective rape, and general LGBTQIAP+ antagonism.

For Domain 2, participants described an array of sources of microaggressions. Participants described these microaggressions as coming predominantly from family members, partners, and friends, as those are who they disclosed to the most often. Microaggressions also came from members of their religious institutions and schools. Two participants reported that the microaggressions came from health care providers. They also came from other LGBTQIAP+ people in the form of exclusion from events and resources and invalidation of their experiences. The media also was pointed to as perpetuating microaggressions.

Under Domain 3, there were emotional, cognitive, and behavioral reactions. Emotional reaction themes that emerged were anxiety, anger, upset, hurt, discomfort, confusion, alienation, exhaustion, and discouragement. Cognitive reactions that emerged were rumination and second-guessing. Behavioral reactions included four themes: emerged avoidance, self-advocacy/explanation, compliance/conformity, and seeking support. Eight participants reported that these microaggressions negatively affected their mental health. Some reported that the microaggressions exacerbated co-occurring mental illness and others reported that it caused anxiety or stress.

Domain 1: Types of Microaggressions

Theme 1: Invalidation

Participants stated that many people did not believe them when they revealed their sexual orientation (often referred to as “coming out”), instead insisting that they were choosing to be asexual or couldn’t “know” if they hadn’t had sex. People treated asexuality as if it were not a legitimate sexual orientation. This often came from family and friends, but some participants reported it coming from potential partners as well. They also reported that people invalidated their relationships as “not real” because they were not having sex or sexual attraction wasn’t a part of their attraction to their partner. One of the statements relevant to this theme is:

“...One of my classmates kept asking me like 'How do you know you're asexual if you've never had sex?'”

Other participants also reported a feeling that asexuality was just not seen as a valid option or a “real” sexual orientation. For instance, one participant described:

“I guess just that nobody- I mean for the most part- that nobody is asexual. Um, you know, that that's not part of- that that's just not even an option for people as far as the media goes”

Theme 2: Sexual normativity/romantic normativity

Sexual normativity is when relationships that involve sex are prioritized over relationships that do not include sex and a sexual relationship is expected or assumed.

Participants reported that sexual normativity came from family and friends but also from a more generalized societal pressure. One participant stated:

“I think society and media in general is very sexually charged. So even if they're not out rightly saying like... derogatory things about being asexual the norm is that relationships are sexual.”

Also three people identified as aromantic and reported that they experienced the same prioritization of romantic relationships and expectation that everyone will have and should want a romantic relationship. This was primarily in the form of expectations of family and friends that they would eventually date, marry, and have kids. A participant reported:

"I think specifically from my mom it's sort of an adjustment to the idea that like partnering isn't necessarily the most important thing in the world and that like you can exist without a partner I guess?"

This type of microaggressions intersects with heteronormativity as the potential relationships were often assumed to be between men and women. Heteronormativity occurs when relationships between men and women are privileged over same-gender relationships or relationships that include nonbinary people, and people are expected and assumed to be in heterosexual relationships (Pearson & Wilkinson, 2013).

Theme 3: Rejection

Participants reported that when they “came out” as asexual they experienced being rejected and ostracized. They primarily reported being rejected by potential partners or partners who either misunderstood asexuality or for whom sex was a necessary part of a relationship and the participant was uninterested in sexual activity. One participant reported:

"Uh maybe just like dating-wise? Um, people hear you're asexual and suddenly they'll stop- they'll stop talking to you? If you're like on a dating site, um... They'll just like completely ignore the fact that you're there that you're a person that wants companionship?"

One participant also described feeling ostracized by her religious community after she came out as asexual:

...Then it's like I come to the synagogues and like around people that know I'm asexual people just ignore me they whisper, um... they don't talk to me... they'll just like rush past me like... and it's not pleasant. 'Cause they're like “Oh she's part of that cult”, you know.

Theme 4: Pathologization

A common theme raised in the interviews was the assumption by others that something was wrong with their health that "caused" them to be asexual. This was tied to the idea that being asexual meant that the asexual person was “broken” and that they needed to be “fixed”. Asexuality was tied to an illness and was regarded as something the participants not only could change but should want to change. This came from family, friends, partners, media, doctors, and mental health providers. A common theme was the suggestion that asexual people have a hormone imbalance and that was “why” they were asexual. One participant frustratingly reported that someone once said to them:

"There's got to be something wrong with you.' 'Maybe it's a hormone thing.'"

One participant even reported that their doctor refused to prescribe them medication because of their asexuality:

I've definitely been in situations where, um, upon asking for a refill for, um, like antidepressants for example, certain physicians were reluctant to prescribe or would outright refuse, or I should say refill not prescribe, um, because they were quite certain that I uh, asexuality was a, perhaps, a direct result of my medication...

This participant also reported that health care providers not up-to-date with the DSM suggested that she may have an arousal disorder, despite the fact that self-identifying as asexual now disqualifies one from that diagnosis.

Theme 5: Disappointment

Another theme that arose was that of other people expressing disappointment when the participants told them they were asexual. This came from friends, family, and potential partners. This typically tied into the belief that one could not be happy without a partner and a conflation of aromanticism with asexuality. One client reported that her mother would get upset and cry when she attempted to discuss asexuality with her:

"....Then my mom finally, maybe two years ago, just finally started realizing that it wasn't gonna change and now she just mostly gets upset about it if we talk about it."

Theme 6: Infantilization

Infantilization is when an adult is treated like they are immature or child-like based on identity, interest, or other feature- a microaggression that has been found to be common towards people with disabilities (Nadal, 2018).. In this case asexual people are treated as immature or naïve because of their lack of sexual attraction, especially when they also express a disinterest or distaste for sexual activity. People would sometimes suggest that participants would “develop” sexual interest. A participant reported:

I mean especially in context with like romantic or like potentially romantic partners that I am like somehow, um, you know, immature enough or I haven't like, yeah, I haven't quite like found my sexuality or there's like oh like, don't worry like it'll develop... like generally those interactions tend to be very infantilizing...

They also reported sometimes being treated as if they are physically or emotionally immature and that they will find their sexual attraction when they are older or more experienced, despite all participants being adults. One participant described people saying to them:

"...‘You haven't developed, you're a late bloomer' ..."

Theme 7: Dehumanization

Participants reported that they were described in non-human terms because of their asexuality. One participant shared:

“...We're often perceived as you know machine-like or animalistic in that regard just simply because we are portrayed, um... as these less than human characters and that's how people are going to understand asexuality- that's the only representation they see.”

They reported that they also felt as if this view of them as not-human was influenced by their inability to feel sexual attraction or romantic attraction in the case of participants who were both aromantic and asexual. One participant divulged:

...There's this sort of implicit understanding that my... asexuality to them is like an indicator that I'm incapable of love, for example, right? I think for many people this idea of ‘What separates us from the animals?’ like is our ability to like you know perform loving relationships like to people who conflate those ideas I- and by proxy other asexuals- are less human than they are because we lack this fundamental quality of what would make us human.

One participant described this dehumanization as influencing negative behavior toward asexual people:

"That it's ok to hurt us- mostly verbally, mentally, physically, um, because we're not- we're crazy- we're not norm-were not like the normal."

Theme 8: Tokenization

Participants described being treated like a spokesperson for all asexual people and that others felt like it was acceptable to ask them invasive questions. They reported feeling like they were treated as a “curiosity show” after coming out. One participant described a conversation with a roommate:

[A roommate] definitely acts like I am her go to person for asking about queer things because I am queer and now- therefore this entitles her to ask me weird intrusive questions like 'How do I know I am queer?' and like all of this other stuff. And stuff- questions about like my dating life and my sex drive and just like stuff that I would not really be comfortable talking about with pretty much anyone but especially not her. And since finding out I'm ace she just keep asking more questions like that.

Theme 9: Ignorance

Another category that arose was that the ignorance of people about asexuality could be harmful to participants as well. They reported having to debunk stereotypes, answer questions, and have uncomfortable conversations in order to dispel ignorance. One participant stated:

"...P-people's understanding of asexuality is so new if it exists at all for many people. Um... that we're stilling going to be having to debunk, um, these ideas and these misconceptions..."

Theme 10: Sexual threats/manipulation

Participants reported experiencing sexual threats and manipulation, primarily from partners or potential partners. Some were delivered as "jokes" but others were attempts to guilt, threaten or cajole participants into a sexual activity. They reported insinuations that sex with them would "fix" them:

"'Yeah but like you haven't been with me' like 'I can change that.' They take it as more of a challenge more often than not I think."

Such statements are common for other LGB people (mostly women) in which heterosexual people claim that they can change their sexual orientation (Nadal, 2013).

Theme 11: Sexual assault/"corrective" rape

In addition to sexual pressure and manipulation, the participants reported corrective rape and sexual assaults related to their asexuality. “Corrective rape” is when someone attempts a sexual assault in an attempt to change their sexual orientation—in this case, to convert an asexual woman to a heterosexual one (Brown, 2012). Participants reported sexual coercion and sexual contact after making it clear they were not interested in sex. One participant recounted:

But, uh, when I said I was asexual it made him more excited- they see you as like a- a lot of them have fetishes when they hear these things like ‘Oh I could cure’ and like even with gay girls they have the same thing like “I could cure this person”, um, and you're just like terrified that they're about to try corrective rape on you. Um... but yeah I remember he- he tried to like force himself on me and then after I was like crying cause I was terrified and he's like “Oh I raped you” and I'm like “Oh thanks?” like I know you did? But it was just like really creepy and crazy.

Theme 12: General LGBTQIAP+ prejudice

Participants also reported experiencing microaggressions that were directed more at the LGBTQIAP+ community as a whole. One participant almost lost her job because of her social media posts about asexuality and the LGBTQIAP+ community:

I mean me personally I identify as LGBTQIA like part of that community and I got a lot of garbage thrown at me [be]cause they thought I was identifying as gay- and that was specifically when I was living in a religious community and they told me I wasn't safe with children they tried to fire me...

Domain 2: Source of Microaggression

Microaggressions came from many sources in the lives of the participants. Eight sources arose as significant sources of microaggressions: Family, friends/acquaintances; school, religious institutions, media, other LGBTQIAP+ people, and medical professionals.

Theme 1: Family

Many participants reported that microaggressions came from family members such as parents or siblings. This was usually in response to concerns about the participant finding a partner and not following the assumed path of dating, marriage, and kids. One participant reported her brother arguing with her:

"It's just- and-and even my family and friends they'll just- they- I had a brother that would just debate with me for hours how like 'It's wrong to identify this way' and I'm just like choosing a miserable life."

Theme 2: Friends/acquaintances

Microaggressions also came from the participant's friends and acquaintances-such as classmates and roommates. One participant reported that her friend was disappointed and sad for her when she came out:

I mean for example, a good friend of mine, and I told her I was asexual, she [laughs], um, she like, kind of looked at me for a long while, and then she like took her hand and placed it like gently on my shoulders and rested her forehead against mine and she like shook her head, "don't say that", um, and she was like "no- no come, like let's talk"...

Theme 3: School systems

School was another source for microaggressions. One participant reported that sexual education in school was very alienating to them because there was an expectation that all students would experience sexual attraction:

I know in high school and even in middle school when they would uh talk about like puberty? Um... they would like- they would never- they would always be like “Oh you're going to feel this way” and like if you don't feel this way they you probably have like one of these like many problems because like who wouldn't like feel sexual attraction...

Theme 4: Religious institution

Participants also reported microaggressions stemming from their religious institutions and communities. This was typically general LGBTQIAP+ prejudice that did not distinguish between members of the community and asexual people were victims of the fallout as well, though often not intentional targets. The participant who reported nearly being fired from her job was employed by a religious institution. She reported:

I mean me personally I identify as LGBTQIA, like part of that community, and I got a lot of garbage thrown at me cause they thought I was identifying as gay- and that was specifically when I was living in a religious community and they told me I wasn't safe with children they tried to fire me...

Theme 5: Other LGBTQIAP+ people

Other sources of microaggressions were other LGBTQIAP+ people or LGBTQIAP+ organizations. Participants reported that they sometimes felt unwelcome in LGBTQIAP+ community spaces and that they were sometimes told that they were not part of the community because their experiences were not the same. They also reported that some LGBTQIAP+ organizations were lacking resources for asexual people:

...One of my teachers told me that I should consider going to the LGBT Center on 13th Street. And I looked at their schedule and they have like nothing for asexual people and

it's pretty much the big... Lesbian, Gay, Bi and Trans and that's it. They have nothing for aces, nothing for intersex people, nothing for aromantics, nothing for nonbinary.

Theme 6: Media

Participants reported that they experienced microaggressions both through poor media portrayals and the lack of media portrayals of asexual people; participants cited the erasure of the asexual and aromantic identities of the character of Jughead Jones on the television show *Riverdale* and the portrayal of asexual people as sick or lying on the television show *House*. A participant described the experience of watching media microaggressions:

"...When you see depictions of yourself that are definitely not how you see yourself and how you see your community you-you immediately worry like 'Ok I- I know this isn't right but how's anyone else going to know?'"

Theme 7: Medical professionals

Some participants cited medical professionals as the source of microaggressions, primarily pathologization and ignorance. One participant reported having a doctor refuse to refill her medication because they feared her medication was "causing" her asexuality. Other providers proposed she had an arousal disorder:

"I have definitely been in situations um, particularly with healthcare providers, um, who may not necessarily be, um, you know sort of in the psychological sphere of things who may not you know, consult the DSM frequently enough to be aware of certain distinctions between like HSDD versus asexuality..."

Theme 8: Partner/potential partner

Partners and potential partners were also a source of microaggressions for participants. They reported that when attempting to start a relationship they would be rejected or mocked for

being asexual by people they were interested in dating. This was primarily over dating applications; the participants were women seeking men, so the perpetrators were all male. This did happen in person as well, for example, when attempting to flirt, an asexual participant was invasively questioned and sexual favors were demanded by her potential partner. Partners were also a source as participants reported sexual manipulation and assault from men they were dating or having romantic encounters with:

... They're like "You can't do this- this sex the way they want it it's over"- like they don't care all your hard work goes nowhere they just keep trying to manipulate you and like, corrective rape- they keep trying to say like "Well I just- If I just have sex with you" when you're like either drunk or a little tired they try to like force you and it's really scary.

Domain 3: Reactions and Psychological Outcomes

The next domain explored was the participant's reactions to experiencing microaggressions and was divided into three themes (i.e., emotional reactions, cognitive reactions, and physical reactions) and fifteen subthemes. As aforementioned, each theme had to be supported by at least three examples; as such, it is evident that asexual people have many types of reactions to microaggressions.

Theme 1: Emotional reactions

Participants reported feeling a range of emotions after experiencing microaggressions. These were divided into eight categories.

Subtheme 1: Hurt. Participants often reported that experiencing microaggressions was emotionally painful to them. For instance, one participant stated:

"...Some of these events like they really hurt me..."

Subtheme 2: Discomfort. Another category that arose was discomfort with a situation or with questions being asked of the participant. A participant shared:

"I've been made to feel uncomfortable."

Subtheme 3: Anxiety/fear. Participants reported feeling anxious and/or fearful during and after experiencing these microaggressions. This also ties into the mental health aspect because the anxiety was sometimes portrayed as clinical. One participant reflected:

"...You just feel anxious about every little thing you say or do that could be construed or used against you or your community."

Subtheme 4: Exhaustion. Participants reported feeling "exhausted" or "tired" after dealing with microaggressions. For example, one participant revealed:

"...So sometimes it can be really like exhausting and sort of sad..."

Subtheme 5: Frustration/anger. Other emotions felt by participants included being frustrated and angry both during and after experiencing microaggressions. One participant cited:

"...other times it can be sort of frustration and anger that like really? Again? This?"

Subtheme 6: Upset. Participants reported feeling "upset" during and after experiencing microaggressions. For instance, one participant disclosed:

"I was upset."

Subtheme 7: Confused. Participants reported feeling confused by some of the microaggressions they experienced. One participant

"...I was just confused about the whole thing"

Subtheme 8: Discouragement. Participants reported that they felt discouraged after experiencing microaggressions. One participant shared:

"...It's definitely discouraging..."

Theme 2: Cognitive reactions

Cognitive responses to microaggressions refer to the thoughts and thought patterns that participants experienced as a result.

Subtheme 1: Rumination. Participants recounted that they would ruminate on the microaggressive experiences and comments and that they would persist in their thoughts. One participant shared:

"Like even what my mom said when I came out to her when I was 15... it's still in my head."

Subtheme 2: Second-Guessing.

Participants reported that the microaggressions sometimes led to them to question themselves and to wonder whether the stereotypes or negative beliefs expressed were actually true. One participant described:

"I uh would reflect later sometimes at emotional low points I might start to get upset about like 'what if I am a robot?' but you know 'Am I borderline sociopathic' like 'Why don't I feel these things?'"

Subtheme 3: Internalized Asexual Prejudice.

Participants reported having negative beliefs about themselves and about asexuality. This was often due to these views being reinforced by people around them. A participant described their asexuality:

"I mean I hate it, it's the worst part of my entire life. And, um, you know I'm pretty miserable about- when I talk about it..."

Theme 3: Behavioral reactions.

The third general type of reaction that arose was the way a participant behaved when experiencing or after experiencing a microaggression.

Subtheme 1: Avoidance.

A common response was to try to avoid situations where a microaggression appeared likely to arise or to leave situations when it was occurring. One participant shared:

"I've definitely avoided certain situations because of potential prob-problems."

Subtheme 2: Explanation/advocacy.

In some situations participants would react by advocating for themselves and explaining asexuality. One participant described:

"...I did my best to sort of calmly uh, and as eloquently as I possibly could, advocate for myself to get the desired response."

Subtheme 3: Conformity/compliance.

In some situations participants reported going along with something that made them uncomfortable to prevent it from becoming more distressing or to keep a relationship. They also reported sometimes pretending to experience attraction or not speaking up when it would come up in order to avoid further microaggressions. One person disclosed:

So I'm sitting here trying everything and Googling, watching all the YouTube videos I can, asking people, speaking to like professional like therapists and like trying to figure it out how I can be the best like person I can in this relationship with this like lack of sexual attraction and like how could not make it such a big deal and how I could like sort of like- what's that word?- like make up for it.

Subtheme 4: Seeking Support/Positivity

In response to microaggressions, participants also described how they sought out supportive friends or affirming media. They would do this to process their thoughts or boost their mood. One participant describes speaking to a friend:

When I'm with my mom, um, generally I would talk to other people like in the immediate moment? So I have a friend who's, um, he's uh pansexual and trans so he has a lot- and he's been more confident in those kind of things for a while than I am so I sometimes talk with him about like "Is this a normal thing?"

Theme 5: Mental Health Outcomes

Self-reported mental health outcomes were also examined as part of this study. Participants were asked if the microaggressions they described had negatively affected their mental health. Eight participants directly responded that there were psychological consequences to experiencing microaggressions- sharing examples of how microaggressions directly led to a mental health concern or exacerbated an existing mental illness. One participant disclosed:

I was not in a good place mentally. Like I was dealing with anxiety, depression from other sources and other things going on but then when this kind of stuff would happen it kind of- if I was in a place where I was not very good depression wise it would make it worse?

Others denied a negative mental health outcome while describing stress, anxiety, or other mental health issues. One person reflected:

It does worry me that like that he's worried about my lack of my libido I guess for lack of a better word. Or that there's going to be some conflict there if he thinks I like- the reason I don't have sex a lot is because of him or because like I'm actually not straight and so I'm kind of tempering what I say about my feelings for women and sort of like getting put

into a closet because I just won't be forthcoming about everything which I'm working my way up to. But... that's that is causing personal stress in my relationship.

Out of the eight participants who described negative mental health stemming from experiencing microaggressions, they identified depression, anxiety, low self esteem, and relationship stress.

Discussion

This study was done to discover if asexual people experience microaggressions, and if so, how the microaggressions manifested, who they came from, and what mental health effects they may have. Information from this study was also collected to inform further research, as well as increase competency for mental health care providers that have asexual clients. This study supports the proposition that asexual people do experience subtle discrimination known as microaggressions. The themes found were similar to the themes found in other research on LGBTQ identities (Nadal, 2011). The microaggressions came from the expected sources similar to other microaggression studies, such as family, friends, and the media. They did report some more overt forms of discrimination in the form of attempted sexual assault and nonconsensual touching that appeared to intersect with their gender identity; the participants all identified as women and women report a 1 in 5 rate of rape in the United States (NSVRC, 2015).

Discrimination has long been associated with negative mental health outcomes and distress, and microaggressions are starting to be associated with negative mental health outcomes as well (Nadal, 2011). It is important to know that asexual people are facing this form of discrimination and how it affects them so it can be combated and access to support and needed mental health care can be provided. Microaggressions also can come from healthcare providers and even mental health providers, as indicated in this study and others (Shelton & Delgado-

Romero, 2011). Providers should be able to recognize the common microaggressions against asexual people so that they can avoid perpetuating microaggressions in the future and they can provide more competent and compassionate care. Microaggressions and discrimination have been previously shown to have negative effects on the mental health of LGB individuals, and the asexual participants in this study reported that microaggressions caused them increased anxiety, relationship stress, discomfort, and depression. Considering LGB people also report higher levels of mood disorders and personality disorders compared to heterosexual people, it is important to know what may be contributing to this, as they may be a population at a greater risk of negative mental health outcomes and in need of greater care (Yule, Brotto, & Gorzalka, 2013). They also may be seeking therapy more frequently because of their mental health and it is important to be culturally competent and aware of what asexual people face as a population. If health providers become aware of the experiences of asexual people, these individuals would be spared the need to explain their sexual orientation and freed from experiencing microaggressions in a health care setting where they need treatment.

A limitation of this research is that it is small exploratory study with only eleven participants. The results are qualitative and limitations of time, money, and manpower prevented it from being more expansive. Although an effort was made to recruit a diverse sample of asexual people, this study was made up of ten White women and one Latina woman. Therefore, it is likely that this study may not have picked up microaggressions that are specific to asexual men. None of the participants identified as transgender or nonbinary either, though two participants later reported questioning their gender identity, so the experiences of transgender and nonbinary asexual people were likely not captured. The participants were between the ages of 19 and 25 years old, so it may not generalize to participants outside of that age range,

especially older asexual people who likely did not know about asexuality for much longer than younger asexual people and have experienced even more marginalization and invisibility. This study was done by interview in person or by Skype which allowed for clarification, rapport, and follow-up questions; however, as this is sometimes a sensitive issue, there is a possibility that there were certain subjects or situations that the participants did not feel comfortable disclosing directly to the researcher, particularly about sex and sexual assault.

After the data were collected on this project and during the analysis phase another study on asexuality was published. Foster (2017) published a study that is also on microaggressions and asexuality which used quantitative methods and aimed to develop a scale to measure asexual microaggressions. This study complements that research in providing a qualitative look at microaggressions and asexuality, as well as offering new subjects to be included on the scale. This research is a vital part of furthering our understanding of asexuality and discrimination.

The intersection between asexuality and other identities is something that could be explored in further research as well as recruiting a larger sample size. One thing that was noted was that more non-White people reported feeling "no sexual attraction towards others" in the original Bogaert (2004) study but most self-identified asexual people are white (Deutsch, 2017). If so, future studies can examine if there are more White people who don't experience sexual attraction or if there is a reason that non-White people are rejecting the asexual label. This was a small study done in person and further research could be done utilizing the online community even further and using surveys to collect data. While such a design would lose the opportunity for rapport and clarification (follow up questions could be potentially asked by email), such an approach may allow the participants to disclose sensitive information in an environment that may be more comfortable and the data would be easier to collect. There would also be a need for a

larger research team and more time to analyze such a large sample of qualitative data. There is very little information on the demographics of asexuality, something which could provide considerable insight into potential intersections and which populations need services and how to get it to them. So a large-scale study that collected those data could be useful in the future.

Another important question to investigate is how aromanticism and asexuality intersect and are conflated. Participants in this study reported that people conflated asexuality with aromanticism and assumed that they would not date or want a romantic partner. This caused confusion for the parents of individuals who were asexual but were still interested in pursuing a romantic relationship; that is, parents were concerned their children would never marry. Participants who were both aromantic and asexual also received microaggressions based on both not desiring a romantic relationship and not wanting a sexual relationship; in this case, they were not having to push back against a misunderstood stereotype but were faced with microaggressions from both assumptions. Though some aromantic people do date and some asexual people do have sex, the majority of microaggressions seemed to be based on their actions rather than on their level of attraction. Aromanticism and what microaggressions are specific to it could be an area for further research. Research on asexuality and romantic orientation in general and how microaggressions change based on romantic attraction could also be an avenue for further investigation.

This exploratory study suggests that asexual people regularly experience microaggressions and that there is likely an intersection between asexuality and other marginalized identities, which affects the way microaggressions are experienced. This should be explored in further research with larger samples because asexual people are a demographic of

people that seek assistance from mental health professionals and health care providers, yet little is known about the population and what they face.

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Appendices

Appendix A

INTERVIEW QUESTIONS

1. Think about a time when you may have been blatantly discriminated against because of your asexuality. Describe the scenario as best as you can.
 - a. How did you react in this situation?
 - b. What do you perceive was the message that was being conveyed to you?
 - c. How did you feel after the event? Several days after the event? Several months after the event?
3. Think about a time when you may have been subtly discriminated against because of your asexuality. Describe the scenario as best as you can.
 - a. How did you react in this situation?
 - b. What do you perceive was the message that was being conveyed to you?
 - c. How did you feel after the event? Several days after the event? Several months after the event?
4. Describe a time when a heterosexual person has made you feel uncomfortable because of your asexuality.
 - a. How did you react in this situation?
 - b. What do you perceive was the message that was being conveyed to you?
 - c. What do you perceive was the message that was being conveyed to you? c. How did you feel after the event? Several days after the event? Several months after the event?
5. Describe a time in which someone had made a disparaging remark or used derogatory language about your sexual orientation.
 - a. How did you react in this situation?
 - b. What do you perceive was the message that was being conveyed to you?
 - c. How did you feel after the event? Several days after the event? Several months after the event?
6. Describe a circumstance in which someone's behavior made you feel uncomfortable, hurt, or devalued because of your sexual orientation.
 - a. How did you react in this situation?
 - b. What do you perceive was the message that was being conveyed to you?
 - c. How did you feel after the event? Several days after the event? Several months after the event?
7. Describe a situation where you felt physically or emotionally unsafe because of your sexual orientation.
 - a. How did you react in this situation?
 - b. What do you perceive was the message that was being conveyed to you?
 - c. How did you feel after the event? Several days after the event? Several months after the event?
8. Describe a situation where you felt pressured to act a certain way to be considered "normal".
 - a. How did you react in this situation?
 - b. What do you perceive was the message that was being conveyed to you?
 - c. How did you feel after the event? Several days after the event? Several months after the event?
9. Describe a situation where you felt that someone treated you a certain way because of stereotypes about your sexual orientation.

- a. How did you react in this situation?
 - b. What do you perceive was the message that was being conveyed to you?
 - c. How did you feel after the event? Several days after the event? Several months after the event?
10. Describe a time when you felt that society (through the media, school system, religion, or other institutions) may have sent negative messages about your sexual orientation.
- a. How did you react in this situation?
 - b. What do you perceive was the message that was being conveyed to you?
 - c. How did you feel after the event? Several days after the event? Several months after the event?
11. What impact do these experiences with subtle discrimination have on your mental health?

Appendix B

1) What is your age?

2) What is your race/ethnicity?

White (Non-Latinx)

Black/African American

Asian/Asian-American/Pacific Islander

Native American/Alaskan Native

Latinx

Prefer Not to Disclose

Other _____

3) What is your gender identity?

Male

Female

Other _____

4) Do you identify as transgender?

Yes

No

5) What part of the asexual spectrum do you identify with (choose all that apply)?

Asexual

Demisexual

Grey-asexual

Other _____

5) Do you identify as aromantic?

Yes

No

6) If you do not identify as aromantic please describe your romantic orientation?

