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## Asexual Aromantic Youth

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### ABSTRACT

**PURPOSE:** Sexuality in humans has drawn scientific interest increasingly, and its thorough approach has revealed various patterns of expression. Being asexual or/and aromantic is an aspect neither fully investigated nor acknowledged. Sexual expression affects people's personality, their life choices, their health and their place into society, making it not an individual's matter but affects society as well.

**MATERIAL-METHODS:** Articles were searched in the international literature, in reputable websites such as Pub Med, Google Scholar, but also other internet resources, using key words "asexuality, aromantic, adolescents, young adults, sexual identity, sexual orientation".

**RESULTS:** studies, reviews and social networks around asexuality showed that it is a different sexual expression not much investigated but seems to claim prevalence almost the same as other sexual minorities. Asexual doesn't need to be aromantic as well, or feel distress because of it, differentiating this behavior from sexual or psychiatric disorders. Many factors may contribute to the formation of this sexual expression like gender, age, religiosity, cultural background, health issues and socioeconomic status.

**CONCLUSIONS:** sexual identity is a complex issue and must be seen through the needs and beliefs of people involved to better understand it and accept it. No safe conclusions can be retrieved from typical investigations who do not consider as many shades as possible of this sensitive human expression, especially when it concerns the young.

**KEY WORDS:** asexuality, aromantic, adolescents, young adults, sexual identity, sexual orientation

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## Introduction

Today, more than ever, it has become evident the need to acknowledge fluidity in human sexuality. Society evolves, matures and through the remarkable expansion of internet communication networks, almost all people can express their inner beliefs, needs and ways of relating with each other.

The complexity of human sexuality relies to the fact that many different factors must be taken into account, such as the gender of people to whom one might feel attracted to, the gender of people to whom one engages in sexual activity and finally how people describe their sexuality (1).

Social relationships, sexual orientation and identity issues, are matters of great importance in adolescence and early adulthood, which are the age milestones in people's lives characterized for extended exploration of the world and at the same time self-awareness, self-determination and identification.

Although a lot of literature has been dedicated to LGBT people, very few articles deal with asexuality as a way of living, choice and expression. In the present study, there is going to be an approach to this entity which seems to claim almost the same rates as the rest of the other sexual minorities and academic interest for it increases over the years (2).

Sexuality is not the only vague issue that scientists argue about, but puberty itself has not accurate definitions, age limits, clarified relationship between pubertal development and sexual activity as well as other interactions (3). While entering adolescence, young people seek knowledge and skills to transform them to complete adults who, apart from other responsibilities, rights and roles they undertake, are also getting engaged in romantic and sexual relationships (4). Even sexual behavior needs to be specified, for instance if it means only sexual intercourse (vaginal or other), or noncoital sexual behavior such as petting, kissing, caressing and oral sex (3).

In the present study, there is going to be an approach to describing and shaping asexuality in adolescence and young adulthood, which means people aged 10-24 years old, and such an approach, serves not only the scientific and public curiosity about another sexual minority, but since sexual expression defines the life choices, (e.g. create a family and obtain ancestors) and might affect or be part of the mental and physical health of a person, it is clear that it is something that affects community as a whole (5).

## Definitions

More and more studies are trying to set the right definition of the term asexuality. It was first mentioned by Alfred Kinsley et al in 1948 who described it as "bipolar, unidimensional continuum from heterosexuality to homosexuality with bisexuality in between", by Storms in 1980 who proposed a "two-dimensional map of erotic orientation categories: homosexual, bisexual, heterosexual and asexual", but it was Bogaert in 2004 that started investigating in depth this sexual minority in the recent years, and since then the original definitions of asexuality have been changed to be broad enough and as an umbrella to cover as much as possible relative situations and expressions (6, 7).

Bogaert in 2004 prescribed asexuality as "the state of having no sexual attraction for either sex", but even Bogaert himself admitted that this statement doesn't include all possible aspects, for example sexual behavior and sexual identification are imperfectly correlated, and of course sexual attraction doesn't include arousal experiences like masturbation, fantasy and sexual activity (8). Finally, asexuality the way it was first mentioned, doesn't consider chronic or debilitating health conditions that may lead to low or not at all sexual functioning and/or activity (e.g. spinal cord injuries or psychiatric conditions) (8).

Brotto et al in 2007, questioned if current definitions of asexuality did indeed fulfill what self-identified asexuals feel for themselves (9). In 2001, an American college student, David Jay, driven by his exasperation due to the misunderstanding of community towards asexuality, he created a small page on his university account that grew rapidly into the wide Asexuality Visibility and Education Network (AVEN) (10). The founder of AVEN proposes that asexuality could be a "label that people use to figure themselves out" and that asexual people "have the same emotional needs as anyone else and like in the sexual community they do vary widely in how they fulfil those needs" (11). Thus, in AVEN definition "an asexual is someone who does not experience sexual attraction. Unlike celibacy, which people choose, asexuality is an intrinsic part of who we are. Asexuality doesn't make our lives any worse or any better, we just face a different set of challenges than most sexual people. There is considerable diversity among the asexual community;

each asexual person experiences things like relationships, attraction and arousal somewhat differently" (12).

It is quite clear, that the academic definitions of asexuality, do not describe the romantic aspect of the relating process. Suleiman et al explore the impact of cognitive and social-affective development in adolescents that can lead them to experiment and learn through romantic and sexual experiences (4). Young people associate with peers, and by this process they discover sexualized feelings of attraction and so can motivate relationship-facilitating behaviors. One very significant devolution happening in puberty is the stimulus and willingness to experience romantic love (4). New feelings, new emotions and new inner forces are being experienced from adolescents, who are not always able to distinguish between platonic, romantic, sexual attraction and relationship (4). Almost all academic definitions of asexuality do not consider the puzzled emotions of the young person and in contrast, make the AVEN definition more appropriate. In other words, it seems that being asexual does not equal aromantic.

Though there seems to be a lack of an official/scholar categorization of people who identify themselves as asexual and/or aromantic, there are very few studies and reports, mainly from asexuals/aromatics themselves, who describe the asexual spectrum as three subcategories: a) asexual persons as the ones who have none or very little sexual attraction (7), b) grey sexual as the ones who experience rare or occasional sexual attraction (10) and c) demisexual as the ones who experience sexual attraction only when they create a strong emotional bond with the other part (7,10,13). Aromantic people, don't express romantic attraction and could be divided in a) aromantic who can't feel any romantic attraction or very little (8, 14), b) grey aromantic who experience rare or occasional romantic attraction (14) and c) demi-aromantic who experience romantic attraction only when they create a strong emotional bond with the other part (8,14). As it was mentioned above, asexual and aromantic identity can co-exist or can be independent entities (7,15,16,17).

Nowadays, it is clear enough, that asexuality as it was discussed above, must not be confused with asexual aversion disorder and hypoactive sexual desire disorder (HSDD) where there is an aversion toward partners of either or both genders, but also an aversion for genital contact with these partners or even minimum sexual de-

sire for them, plus feelings of extreme anxiety and stress at their partners' presence (8, 17).

### Prevalence

Antony Bogart in 2004, was probably the first to study, in a scientifically organized way, asexuality's prevalence, by using data from a very large national sample ( $n > 18,000$ ) of British residents, 16-59 years of age. He came up with the estimation that asexual represent approximately 1% of the sample though he found many limitations to his study (8). Ten years later the same author, investigated a new sample of people aged 16-49 years old using a different approach than before, and he found that asexuals represented the 0,5% of the sample (5). The new prevalence was attributed to the method used and because the sample included younger persons (5). Some years earlier, a National Survey in the United States by Poston et al, in 2010, referred to people aged 15-44 years old, who reported not being sure whether they have ever felt any sexual attraction the 0,8% of the male and the 0,7% of the female sample (18). 5% of the females and 6% of the males of the same sample, answered that they had never had sex. Brotto et al, conducted a study recruiting their sample from the AVEN community, and to their surprise 80% of men and 73% of women labeled themselves as asexual when presented with a forced choice question about their sexual orientation and not all of them as expected (9). Maybe this can be due to the language used to self-identify, and that asexuals and other people in general, do not label and conceptualize themselves and their relating patterns in the fixed terms a scientific survey may use (9).

It is clear though, that most of the studies do not refer to adolescents solely or at least until the age of 24 (young adults), and this must be taken seriously under consideration since many persons under the age of 24 may lack experience in relating at an emotional or sexual level due to many reasons (developmental, ethnic etc) (6). Bogart in 2004 stated that people of young age could be described as "presexuals" because of the above, and this is something that can change as they grow up (8). Priebe et al, conducted a national survey of 3.432 late adolescents (high school seniors) in Sweden, where four measures of sexual orientation were included, and asexual or mostly asexual emotional or

sexual attraction was reported in 0.5% (6). The authors underlined that “the use of romantic attraction or sexual behavior cannot be recommended as the only measure of sexual orientation in a study. Researchers need to carefully choose, depending on the context of the survey and the research questions under investigation, which dimensions of sexual orientation, and which measures they wish to include in their survey” especially with youth.

### **Demographic and other characteristics**

Sexual identity and in particular asexuality have certain relationships with demographic characteristics. Taking in mind that adolescents and youngsters, since they lack experience in romantic and sexual relations, it is understandable that asexual people are usual older than sexual. Also, men are fewer than women and they are less likely to be cisgender (8,2). As expected, asexual people have fewer sexual partners, and less frequently sexual activity (8). A significant minority of asexual could be in a long-term relationship or even in a marriage or cohabiting (8,2). There is some evidence that they declare to be more religious than sexual people (8). Their socioeconomic status is more often low and are less educated than the sexual individuals (8). There are many chances to be self-defined as queer or transsexuals and most of them belong to a gender minority (19,20, 21). Being assigned female gender at birth and being in some health distress is more possible in asexual youth (22). Differences based on racial-ethnic identity showed that Black or Hispanic/Latino, are more possible not to identify themselves as asexual. No other noteworthy differences involving their caregivers' educational status, geographic region and age were found (22). Simon et al, verified previous research in adult population where a link was found between disability and asexuality. The same authors found that compared to asexual cisgenders, transgender asexual youth exhibit more depression, think less of themselves, lack more often family and social support in general, explaining why they feel insecure about their safety in school environment (22). In contrast, they report capability in managing stressful situations and they declare supported by their family and social environment regarding their sexuality choices and their sexuality in general (22). Cisgender asexual youth had poorer outcomes compared to cisgender non-asexual peers, regarding internal stressors, depressive symptoms, lower self-esteem, sense of being safe at school, and felt less supported from family and social milieu in general as well as due to their sexuality (22).

Thus, all asexual youngsters, are more likely to experience mental health problems. Given the complexity of the results, authors believe that more research is needed with more balanced and qualitative questions that can approach more accurately the true facts and feelings of the people asked, overcoming stereotypes, stigmatization and racist perceptions.

### **Asexual youth and society**

Asexual people, as part of the society, don't feel accepted for who they are and experience complex stigma and marginalization in a highly sexualized dominant culture (23).

It is very usual for all subjects who do not fulfill sexual norms to be pathologized and especially asexual people are treated as if they are invisible despite the increasing recognition of the rest of the LGBTQ community, since that even there, they are underrepresented (24,25).

It is not rare, that situations like the ones described above, are being formatted by the so-called important others. Family members, classmates, teachers and friends, have limited knowledge about asexuality, and most probably think negative of it, resulting in putting pressure for comforting to more traditional expectations for sexual behavior, attraction and expression (26,27,28).

Asexual people, especially the young, face self-stigma, internalization of society's negative attitudes around asexuality and they develop mental and psychological health problems in accordance with strong feelings of shame (29,30). Surprisingly, though they exhibit high prevalence of depression and somatic pain, they show less possibility of committing suicide or alcohol, marijuana and smoke abuse (29,30,31).

Their health issues, grow bigger and left untreated, due to the unsatisfying health services they receive, because most of the health care workers, have stereotype approach to sexual behavior, do not understand asexuality as a variant but as a pathological expression maybe part of a psychiatric disorder, and asexual people cannot communicate honestly with them (20,13). McInroy et al found that only 17% of asexual people have revealed their sexual identity to a doctor or a health care worker in general (20).

### **Asexual people in Greece**

In Greece, there has never been any official, scholar national survey about asexual behavior more specifically for the asexual/ aromantic youth. As expected nowadays, internet societies are more advanced than academic, traditional ones and in

2011, a LGBTQ + community was established in Greece, embracing all sexual expressions, trying to sensitize society and to support their members through weekly open meetings, legal assistance for violence victims and psychological support for all (32).

## Conclusions

Although sexual expression and differentiation is better acknowledged and accepted the last decades and LGBT community has gained rights, fair and equitable treatment, asexual people on the other hand, are still understudied and feel as if they are invisible. This sexual minority, that has prevalence most probably the same as the rest, is much less recognized in adolescents and young adults. Their marginalization from family, important others and society in general, stigmatize and pathologize their feelings and way of living, leading them to develop inner shame, anxiety, distress, mental and psychological problems, and difficulty to admit their diversity even to health care workers.

Studies so far, fail to fully conceptualize all aspects of the asexual/aromantic personality and investigators admit that they need to overcome the limitations at their studies by better understanding and forming questionnaires that are more wide, take into account demographic parameters such as family, cultural, educational, socioeconomic, religion background, mental and somatic health status, and exploratory questions about gender, mating needs and feelings as if they could see through their subjects' eyes and self-identification.

It is not only a matter of justice and human rights. Society's future is better when all its members are visible and accepted, despite their differences, and when their needs are met to maintain health for themselves and for healthier relationships in all sectors.

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