

ASEXUALITY: BASICS FOR HEALTH PROFESSIONALS

Asexuality is a **sexual orientation** characterized by a persistent pattern of (little or) no sexual attraction toward anyone. Asexuality exists on a **spectrum**. Sexual attraction is difficult to define, especially by people who do not experience it, so **a broader interpretation of the definition serves us better than gatekeeping**. Many feel they may not meet the strictest definition, yet still find themselves closer to asexual than anything else, or otherwise find the concept useful. It's important to keep in mind that the ace spectrum is very diverse. Some identify as **gray-asexual**, meaning somewhere within a "gray area" that people identify with for different reasons (including ambiguity). Some identify as **demisexual**, meaning that they can only develop sexual attraction to people with whom they already have a strong emotional bond. People on the asexual spectrum are called **ace** for short.

ASEXUALITY ISN'T:

- celibacy or abstinence
- not knowing the "right person" yet
- an intersex condition
- a disorder or sexual dysfunction
- a hormone imbalance
- an aversion to sex or relationships
- a result of trauma
- voluntary or a phase

Any of the above may be true of individual ace people, but **not aces in general**. Some aces are celibate; others may be sexually active. Some are intersex, transgender, non-binary, or genderqueer, but don't assume that someone who is asexual must be neither a man nor a woman. Some aces *do* feel that their asexuality has a "cause" (like trauma or illness)—and **their asexuality is 100% valid**. The absence or presence of *any* behavior or concurrent condition **does not negate asexuality**.

FURTHER READING:

- *The Invisible Orientation* by Julie Sondra Decker (2014)
- *Asexuality: A Brief Introduction* (2012) <http://www.asexualityarchive.com/book/>
- *Understanding Asexuality* by Anthony Bogaert (2012)
- *(A)sexual* (2011) documentary by Angela Tucker (available on Netflix)
- *Resources for Ace Survivors* is a peer support and advocacy network for asexual survivors of sexual violence or other abuse <http://asexualsurvivors.org>
- *Demisexuality.org*

WHEN YOU HAVE AN ASEQUAL CLIENT OR PATIENT:

- **Treat them with respect.** Accept their self-determined identity without question. Asexuality is about feelings that *cannot be measured externally*, and each of us is the expert on our own experiences. People regularly undermine our expertise.
- Understand that **you cannot determine whether another person is asexual**. Only they can do that. If a client/patient is questioning, do not presume to tell them what their sexual orientation is. Let them know that **it's okay** to question, and **it's okay** to identify in whatever way fits them best. Reassure them that they are allowed to identify in the way that describes their feelings *right now*, and they will be doing the asexual community **no harm** if one day "asexual" is no longer the label that fits them best.
- **Educate yourself** about asexuality. It's important to learn about asexuality *on your own*, because your client has come to you for help, not to spend all their time educating you!
- It is *not* uncommon for ace patients to feel distress about being asexual, be **misdiagnosed with HSDD or FSIAD**, or for therapists and doctors to view asexuality as a symptom. Ace people tend to fear coming out to doctors, and often have difficulty finding therapists who are ace-competent. Standard parts of treatments for certain conditions (like PTSD) may target asexuality inappropriately, making treatment inaccessible.
- Avoid reinforcing **coercion** and **compulsory sexuality**. Sex is *not* a necessary component of a healthy and happy life. No one needs to try sex to know that they don't want it. Realize that doubt is inherently part of the asexual experience; don't add to the already enormous cultural pressure and invalidation we face.
- **Asexuality isn't well-known**. Many aces don't learn about asexuality until well into their twenties or later. They may go through a period of feeling like they must be "broken" before they discover asexuality; you may encounter people still in this mindset.
- **Consider having information about asexuality available in your office or waiting room**. This will help ace clients feel safer with you, and may help those questioning. To avoid misdiagnosis, it's best to *actively* consider asexuality by providing patients with information.