Experiences of Stigma and Discrimination in People with Asexual Spectrum Identities

By

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Abstract

People with asexual spectrum identities remain an emerging area of psychological research. A framework analysis was conducted to examine the extent to which the minority stress model describes the ways in which people with asexual spectrum identities experience stigma and discrimination. Findings from 18 articles published between 2019 and 2023 were analyzed to identify themes of stigma and discrimination using the minority stress model as a framework for analysis. In this analysis, four categories of distal minority stressors were identified: invisibility, compulsory sexuality, centrality of marriage and family, and sexual gender norms. Four categories of proximal minority stressors were also identified: feeling illegitimate, concealment and fear of stigma, social norms as unattainable, and navigating relationships and consent. Results of the review indicate asexual people experience similar levels of discrimination as other sexual minorities, reflecting both the discriminatory impact of social discourse and the internalization of stigmatizing experiences that negatively impact mental health and wellbeing.

Keywords: asexuality; discrimination; stigma; minority stress model; allonormativity

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Chapter One: Introduction

Experiences of stigma and discrimination are common among sexual minorities. When surveyed, almost two of every three people with minority identities reported at least one experience of sexual orientation, racial or ethnic, or gender discrimination in the past year. (Bostwick et al., 2014). In Canada, Canadians with a sexual minority identity are subjected to inappropriate behaviours in public, online, and at work at much higher rates than heterosexual Canadians (Jaffray, 2020). The experience of stigma and discrimination faced by sexual minorities has been directly linked to an increased prevalence of mental health disorders (Barry et al., 2020; Bostwick et al., 2014). Indeed, studies have shown that depression, anxiety, and other mental health concerns disproportionately affect people with sexual minority identities (Argyriou et al., 2021; Borgogna et al., 2019; Bostwick et al., 2014; Jaffray, 2020; Rutherford et al., 2021; Sivakumaran & Margolis, 2020; Veale et al., 2017). While significant research has demonstrated connections between stigma, discrimination, and mental health for many sexual and gender minority identities, this relationship has been substantially less researched in people with asexual spectrum identities. It is this deficiency in the existing academic literature that will be the focus of this paper.

Understanding Asexuality

Although approximately 1-2% of the population is estimated to be asexual (Bogaert, 2004; Rothblum et al., 2020), asexuality has received surprisingly little attention from researchers compared to other sexual identities. While definitions of asexuality have evolved over the past twenty years, contemporary researchers generally use the term asexuality to describe the sexual orientation of people who never or rarely experience sexual attraction (Alcaire, 2015; Carrigan, 2011; Greaves et al., 2017; Vu et al., 2021). As people who identify as

asexual embrace a diverse range of attitudes towards sex and romance (Carrigan, 2011; Vares, 2022), much of the existing research in asexuality has focused on issues of identity and definition (Brown et al., 2023; Guz et al., 2022; Kelleher et al., 2023).

Like other minority sexual identities, there is evidence that people who identify as asexual experience stigma and discrimination related to their sexual orientation (Barry et al., 2020). Asexual spectrum identities are considered emerging sexual minority identities by some researchers (for example, Borgogna et al., 2019) and have only recently emerged as a population of clinical interest. It has been hypothesized that individuals from emerging sexual minority identities, such as demisexual and greysexual individuals, will experience greater stress related to their sexual identity due to identifying with a less recognized identity within the LGBTQ community (Borgogna et al., 2019).

Research Problem

As an emerging area of research, systematic studies of the experiences of people with asexual spectrum identities are rare. Little systematic synthesis has been conducted on how asexual people experience discrimination, stigmatization, and prejudice as a result of their sexual minority orientation.

This results in several challenges for mental health professionals. Firstly, clinical resources tend to treat gender and sexual minorities as a single homogenous group rather than recognizing the unique issues faced by different identities, an approach which has been criticized by some researchers (for example, Borgogna et al., 2019). Understanding the commonalities and differences in the way discrimination and stigma is experienced by asexual spectrum identities and other sexual minority identities will allow clinicians to tailor their interventions more effectively to meet the needs of this population.

Secondly, having sufficient sensitivity and knowledge about diverse populations is considered part of upholding the principle of responsible caring in the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association, 2017). It has been well established that sexual and gender minorities face significant barriers to receiving ethical and competent health care, including experiencing discrimination and negative experiences in health care settings (Balik et al., 2020). Researchers have noted that people with asexual spectrum identities face barriers to competent and ethical care (Borgogna & Aita, 2023; Foster & Scherrer, 2014; Pinto, 2014).

Finally, while it is likely that affirmative counselling practices that have been developed for other LGBTQ identities (for example, Chaudoir et al., 2017) may also prove helpful to people with asexual spectrum identities, a lack of awareness about how stigma and discrimination are experienced by this population precludes counsellors from planning interventions to respond to their unique experiences. Researchers have cautioned that counselling interventions should be appropriate to type of stressor experienced and encourage counsellors to incorporate these factors into treatment planning and conceptualization for sexual minority patients (Borgogna & Aita, 2023).

To address these gaps, the current study seeks to answer the following research question: how do people with asexual spectrum identities experience stigma and discrimination?

Rationale for Current Study

Recent scoping reviews and content analyses on asexuality have specifically called for increased attention to issues of discrimination faced by people with asexual spectrum identities. Kelleher et al. (2023) and Guz et al. (2022) point out that the impact of stigmatization, isolation, and dismissal on asexuals' wellbeing and the resources available to counter stigma and prejudice

have not yet been systematically explored. Kelleher et al. specifically recommend the internalization of minority stress in asexual populations as an area for further research.

Recent findings on asexual spectrum identities also suggest there are significant differences in self-reported sexual behaviour, sexual desire, and romantic attraction between demisexual, greysexual and asexual identifying individuals (Copulsky & Hammack, 2023). However, asexual spectrum identities are frequently blended in research findings which may obfuscate clinically important research findings (for example, Scherrer, 2008; Wilson & Liss, 2022; Yule et al., 2014). Researchers are increasingly recommending that future research consider participants' romantic orientations (Brown et al., 2023; Guz et al., 2022), and asexual spectrum identities (Brown et al., 2023).

As such, systematic research on how stigma and discrimination are experienced by people with asexual spectrum identities will add to the academic discourse on asexuality. By establishing the ways that stigma and discrimination are experienced by this population, clinicians will be better positioned to support clients through the distress associated with these events.

Significance

Like other sexual minorities, people with asexual spectrum identities face unique challenges in a counselling environment. Despite the prevalence of asexuality, there is a pervasive lack of information on how best to work with asexual clients. Despite 69.6% of counselling psychology trainees reporting that they received training on asexuality, Abbott et al.'s (2023) study participants stressed that they felt asexual spectrum identities were omitted or overlooked in their human sexuality curriculum. For counselling psychologists to competently

work with asexual people, clinicians must first have sufficient training and awareness about asexuality.

In the absence of sufficient training and awareness, counsellors risk making assumptions about the behaviour and motivations of people who identify as asexual, which may result in damaging the therapeutic alliance or reinforcing stereotypes (Pinto, 2014). Counsellors may implicitly or explicitly pathologize people who identify as asexual, seeing their preferred sexual identity as inappropriate or in need of corrective action (Bradshaw et al., 2021; Hill, 2009; Pinto, 2014; Scherrer, 2008). Indeed, the prevailing view in psychiatric discourse has been that a lack of sexual desire is evidentiary of a disorder (for example, Pachano Pesantez & Clayton, 2021). Beginning in the third edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-III,* American Psychiatric Association (APA), 1980), “inhibited sexual desire” has been considered a diagnostic category. This was termed Hypoactive Sexual Desire Disorder (HSDD) in the following editions (APA, 1987, 1994, 2000). HSDD was defined as “persistently or recurrently deficient (or absent) sexual fantasies and desire for sexual activity” (APA, 1987, p. 292). In the DSM-IV (APA, 1994), a clinical significance criterion was added, denoting that HSDD must also cause “marked distress or interpersonal difficulty” (p. 498). For counsellors unaware of or inexperienced in working with people who identify as asexual, a lack of sexual desire can be seen as a psychiatric issue, a pathology that must be resolved to return individuals to normative sexual functioning.

Chasin (2015) cautions that well-meaning practitioners may also inadvertently pathologize asexuality by centering low desire as the presenting problem rather than considering whether hostility towards asexuality could be the problem. Sex is frequently positioned as being integral to human functioning, even when scholars advocate for an inclusive approach to

sexuality in counselling that respects asexual identities (Alexander, 2019; Mosher, 2017). Indeed, this highlights the implicit bias towards viewing sexual desire as normative which exists even when practitioners are well-educated in sexual diversity and inclusive counselling practices.

Theoretical Framework

To address the research question about how people with asexual spectrum identities experience stigma and discrimination, the current study uses Meyer's (2003) minority stress model as a theoretical framework for analysis (see Figure 2). Meyer's (2003) minority stress model provides a framework for understanding how people with minority sexual identities experience additive stressors, such as experiences of stigma and discrimination, in a way that is deleterious to one's mental health. Specifically, Meyer (2003) focuses on how both objective, external events and conditions, and the way someone who holds a minority identity internalizes experiences of stigma and discrimination result in additive stress and, in turn, increases the probability of experiencing mental illness. Meyer terms these stressors distal and proximal minority stress processes. Distinguishing between the etiology of stressors and understanding the interactions between minority stress processes and other biological, social, psychological, and environmental factors helps counselling psychologists and other mental health professionals develop more effective and culturally responsive treatment plans and interventions (Christian et al., 2021).

By employing an established theoretical model, the current study contributes both to the current understanding of stigma and discrimination experienced by people with asexual spectrum identities and provides opportunities for future research to compare and contrast the findings from the current study with existing research on other sexual minority identities.

Definition of Terms

To explore the experience of stigma and discrimination in people with asexual spectrum identities, the following key concepts must first be understood. These concepts include stigma, discrimination, asexual spectrum identities, sexual minority identities, and minority stress processes.

Stigma

In minority sexual identities, stigma is used to describe the devaluation of non-heterosexual identities, behaviours, relationships, and communities based on a system of shared beliefs about the superiority of heterosexuality (Herek et al., 2007). Stigma can arise from intraindividual processes, interpersonal dynamics, and institutional policies and practices which, when internalized, interact to reinforce power differentials that elevate the dominant ideology and disadvantage the stigmatized group (Matsick et al., 2020).

Researchers have not yet settled on a single term to conceptualize stigma towards people who identify as asexual. However, two terms that have emerged as a description for this phenomenon are used in this study. The first, *allonormativity*, refers to the expectation that all humans experience sexual and romantic attraction (Brandley & Spencer, 2023). The second, *compulsive sexuality,* references the presumption that all humans are sexual beings who desire and pursue sexual relationships, and are driven to engage in sexual activity (Chasin, 2013; Gupta, 2015). Both of these ideas contribute to social discourses around *sexual normativity*; that is, the expectation that sexuality is a universal human necessity in a normal and healthy life (Cerankowski & Milks, 2010; Chasin, 2011; Przybylo, 2011; Mitchell & Hunnicutt, 2019).

Discrimination

Discrimination is the act of treating people differently as a result of their membership in a social group (Brewer, 2017; Kite et al., 2022). While this differential treatment can be positive

(Brewer, 2017; Kite et al., 2022), in this study, the term *discrimination* refers to actions which treat a person or group negatively or unfairly as a result of their social location in an outgroup (Brewer, 2017). These discriminatory actions can occur at the interpersonal level, organizational level, institutional level, or cultural level (Kite et al., 2022).

Asexual Spectrum Identities

Asexuality is a term used to describe the sexual identity of people who never or rarely experience sexual attraction (Alcaire, 2015; Carrigan, 2011; Greaves et al., 2017; Vu et al., 2021). Thus, a person who is *asexual* has identified themselves as someone who does not experience sexual attraction (Brotto & Yule, 2017; Catri, 2021). Increasingly, researchers are recognizing that people who identify as asexual hold heterogeneous ideas about sexuality and romance, leading some to conceive of asexuality as a spectrum identity (Brotto & Yule, 2017; Copulsky & Hammack, 2023; Mollet, 2020; Steelman & Hertlein, 2016). While *asexual* is often used as an umbrella identity for people who experience little or no sexual attraction, alternate identity labels such as *graysexual* and *demisexual* are frequently used within the asexual community to allow individuals to describe their lived experience more precisely (Chasin, 2017; Copulsky & Hammack, 2023; Vares, 2022). Demisexual individuals experience sexual attraction only after forming an emotional bond with someone, while graysexual (or gray-asexual) is generally used by individuals who feel they fall in the "gray area" between asexuality and *allosexuality*, that is, people who are not asexual (Copulsky & Hammack, 2023; Vares, 2022). Similarly, people who identify themselves as asexual or an asexual spectrum identity may colloquially use the term *ace*, an informal term largely synonymous with asexual (Asexual Visibility and Education Network, 2023). Thus, asexuality is often conceptualized as a spectrum reflecting the degree of sexual attraction with allosexuality and asexuality at opposing ends, and

graysexual and demisexual identities as mid-spectrum identities towards the asexual end (Copulsky & Hammack, 2023). For this reason, the term *asexual spectrum identities* is used in this study when referring to people who are not allosexual while the term *asexual person* is used to indicate that a finding specifically refers to someone who experiences an enduring lack of sexual attraction.

People with asexual spectrum identities may also choose to describe their preferred romantic attraction, which is considered as separate from their sexual identity (Antonsen et al., 2020; Van Houdenhove et al., 2015). Common terms for romantic attraction include *aromantic, homoromantic, heteroromantic,* and *biromantic.* Aromantic describes a person who experiences little or no interest in romantic relationships, while homoromantic, heteroromantic, and biromantic describe romantic interest in the same gender, opposite gender, and multiple genders respectively (Asexual Visibility and Education Network, 2023). It should be noted that people with asexual spectrum identities may use a variety of terms typically associated with a sexual identity to describe the gender identities associated with their sexual, sensual, or romantic attraction including heterosexual, gay, lesbian, bisexual, pansexual or queer (Hermann et al., 2020).

Sexual Minority Identities

As researchers begin to more fully appreciate the diversity in sexual attraction and behaviour, the terminology used to describe sexual identities continues to evolve. In this study, the term *sexual minority identities* is used to describe any non-heterosexual identity. These identities include but are not limited to people who identify as gay, lesbian, bisexual, pansexual, queer, two-spirit, and asexual. The use of this term is intended to communicate the relatively

lower statistical prevalence of non-heterosexual sexual identities and highlight the power imbalance inherent in holding a sexual identity outside the dominant and normative identity.

Minority Stress Processes

One of the most prevalent theories for understanding the relationship between stigma, discrimination and mental health in sexual minorities is Ilan H. Meyer's (2003) minority stress model. Meyer's seminal 2003 article has been cited over 10,000 times (Borgogna & Aita, 2023). In his minority stress model, Meyer explores interactions between nine interrelated phenomena: coping and social support, general stressors, circumstances in the environment, minority status, minority identity, characteristics of minority identity, distal stressors, proximal stressors, and mental health outcomes.

Two of these phenomena (distal stressors and proximal stressors) are generally referred to as *minority stress processes*; that is, elements which interact with a minority sexual identity and environmental factors to create unique, chronic, and socially based additive stressors in people with minority sexual identities (Meyer, 2003). D*istal stressors* are defined as those relating to objective, external events and conditions, such as microaggressions, harassment, violence, and victimization (Meyer, 2003). *Proximal stressors* are defined as relating to an individual's subjective and internal psychological processes, perceptions, and appraisals, and include internalized heterosexism, concealment of one's sexual orientation, and homonegativity (Meyer, 2003).

Researcher Position Statement

As a researcher, I find my lens in holding dialectical tension between two positions. Methodologically, I have primarily trained in quantitative methods, understanding processes and efficiency using statistical models and positivist techniques. However, in counselling

psychology, it is the subjective construction of the client's world where I find the most insight. This tension allows me to guard against being swayed by the vivid, compelling story of the outlier without overlooking the nuanced perspectives that occur further from the mean. Nonetheless, my view of epistemology in psychology has been most influenced by social constructivist perspectives including Gergen (1985) and Foucault (1995) and I am apt to emphasize qualitative ways of knowing.

My social position as an able-bodied, cisgendered, middle-aged, White, Canadian woman of high socioeconomic status is a privileged position in our society. This poses a risk when synthesizing the themes of voices that occupy other social locations. As my experience will frequently mirror that of the dominant discourses in our society, my choice of language may inadvertently reinterpret the subjective meaning of participants whose life experience substantially differs from my own. Yet, this social position also confers the ability to shape the academic discourse in a way that may not be accessible to others. Thus, I strive to work from a relational ethics perspective (Hopner & Liu, 2021), to maintain a respectful reflexivity when incorporating the intersectionality of experience in my research.

Finally, I occupy both an emic and etic perspective on this topic. I identify as demisexual, an identity generally considered to be part of the asexual spectrum. This identity provides some context on how compulsory sexuality and allonormativity shape broader social discourses. Demisexuality is, however, a conflicted identity for me. While the largest and most influential asexual forum, the Asexuality Visibility and Education Network (AVEN), informed my understanding of demisexuality as a sexual orientation. For many years following my marriage to a cisgendered heterosexual man, I considered myself too straight for queer spaces and rarely spoke about my demisexuality.

This changed through my Master of Counselling program. When researching demisexuality for a reflection paper, I became curious about the lack of research on the topic and about how asexuality relates to other queer identities. As a counsellor, I am seeking perspective on ethical and competent methods of working with queer identities. As a demisexual, I am seeking perspective on the rich diversity of a community that remains insufficiently understood.

Overview of the Paper

To address the research question, this paper will be presented in four subsequent chapters. In chapter two, I will discuss the methodology used for the current study and critique the selected literature. In chapter three, I will provide a literature review of the existing literature on discrimination and stigma towards people with asexual spectrum identities, outline Meyer's (2003) minority stress model as an analytical framework, and discuss the findings from the current study. In chapter four, I will discuss how the findings from the current study can be applied to clinical practice. Finally, in chapter five, I will provide my conclusions and recommendations for future research.

Chapter Two: Methodology

In this chapter, I will review the design of the current study including the major constraints considered during the methodological design, the systematic search criteria, and the analytical methods that will be used in this study. Following this discussion, I will review the selected literature for the current study and critique the authors' research paradigms, sampling and recruitment of participants, data collection, and data analysis. This process assesses the reliability of the sources used in this study, and highlights research findings that must be interpreted with caution or in the context of the study design and intention.

Considerations and Limitations in the Methodological Design for the Current Study

Understanding stigma and discrimination as experienced by asexual people is constrained by two factors: the limited amount of academic literature on asexuality in humans, and a lack of consensus on terminology and definitions. Human asexuality as an academic research topic was largely ignored until Bogaert's (2004) prevalence study. In their recent scoping review, Guz et al. (2022) report locating only 238 articles related to human asexuality published between 2004 and 2018. Similarly, in their scoping review, Kelleher, Murphy, and Su (2023) reported initially identifying only 294 articles in their initial search. The low number of search results reported by these authors provide an indication of how underdeveloped the field of academic asexuality research remains.

Inconsistent terminology and operational definitions also posed a challenge in conducting a systematic search of the academic literature on asexuality. While quantitative researchers favor terms like stigma and discrimination, often using well-validated instruments to operationalize these constructs, neither term is widely used by qualitative researchers. Instead, qualitative researchers investigating the experience of stigma and discrimination in asexual people used an

array of terms to describe this experience including heteronormativity, amatonormativity, allonormativity, compulsory sexuality, sexual-normativity, and pathologization (Delli Paoli & Masullo, 2022; Flanagan & Peters, 2020; Hampson, 2020; Kelleher & Murphy, 2022; Mitchell & Hunnicutt, 2019; Vares, 2022). Preliminary queries using these keywords returned results which appeared to be biased toward a small subset of researchers applying this specific term. This lack of consensus on terminology made systematic searches which include both relevant qualitative and quantitative results very challenging.

Systematic Search Methodology

To address these limitations, the systematic search process was completed in two phases. A diagrammatic overview of the search methodology is provided (Figure 1).

In the first phase, six electronic databases of peer-reviewed articles were selected: (a) Taylor and Francis Online Mental Health and Social Care Collection, (b) EBSCO Host Psychology and Behavioral Sciences Collection, (c) Proquest PsycInfo and PsycArticles, (d) PubMed, (e) Sage Premier Social Sciences and Humanities, and (f) Proquest Social Science Database. Each database was queried three times using the following search strings: (a) asexual* AND stigma, (b) asexual* AND discrimination, and (c) demisexual* OR gr*y*sexual*. Queries were limited to include only peer-reviewed articles and the queries were restricted to searching abstract and summary text fields to improve the relevancy of results. This initial search returned 261 articles. Duplicate results were removed resulting in 151 unique articles remaining.

The inclusion criteria used were as follows: the studies had to (1) be published no earlier than January 1, 2019, (2) be available in the English language, (3) include empirical research on asexuality in humans, (4) include data describing, summarizing, or reporting discrimination and/or stigma experienced by people with asexual spectrum identities, and (5) describe results

from asexual participants separately from other minority sexual identities. Sixty-one articles published before January 1, 2019, were removed. Two articles were removed as their content was not available in English. Thirty results containing only secondary research or theoretical discussions were removed. Two results where full text could not be located were removed. Twenty articles were removed as their results either did not include evidence of stigma or discrimination experienced by people who identify as asexual or their results from asexual participants were not reported separately from other minority sexual identities. After applying inclusion criteria, nine articles remained. Of these articles, one used mixed methods, two used qualitative methods and the remaining six used quantitative methods.

In the second phase, the search method and criteria were adapted to identify additional qualitative studies that may have been screened out of the initial search due to the inclusion of stigma and discrimination as keywords. This was achieved by using a more inclusive search keyword queried against a limited number of databases and fields. In this phase, three electronic databases of peer-reviewed articles were selected: (a) Taylor and Francis Online Mental Health and Social Care Collection, (b) Proquest PsycInfo and PsycArticles, and (c) Sage Premier Social Sciences and Humanities. Each database was queried using the search string “asexuality”. The queries were limited to include only peer-reviewed articles where full text was available published on or after January 1, 2019, and were restricted to searching the keyword field. The initial search resulted in 38 articles. One duplicate result was removed, resulting in 37 articles remaining.

The inclusion criteria used were the same as in the initial search: the studies had to (1) be published no earlier than January 1, 2019, (2) be available in the English language, (3) include empirical research on asexuality in humans, (4) include data describing, summarizing, or

reporting discrimination and/or stigma experienced by people with asexual spectrum identities, and (5) describe results from asexual participants separately from other minority sexual identities. As the publication date was included as a filter in the initial search, no results were published before January 1, 2019. All results were available in English. Nine results containing only secondary research, theoretical discussions, or development of assessment instruments were removed. As full-text availability was included as a filter in the initial search, no articles were removed due to the unavailability of full-text. Eighteen articles were removed as their results either did not include evidence of stigma or discrimination experienced by people who identify as asexual or their results from asexual participants were not reported separately from other minority sexual identities. After applying the inclusion criteria, 10 articles remained. Of these articles, two used quantitative methods and the remaining eight used qualitative methods. The results of the two searches were then combined, and one duplicate was removed. Eighteen articles were thus included in the study. The final articles included eight articles using quantitative methods, nine articles using qualitative methods, and one article using mixed methods.

Data Analysis Methodology

The data obtained from the systematic search was conducted as a framework synthesis (Brunton et al., 2020; Dixon-Woods, 2011; Oliver et al., 2008). The application of the framework synthesis analytical method was informed by the best practices of the Cochrane evidence and synthesis methods (Booth, 2022; Noyes et al., 2022).

A framework synthesis allows for the integration of qualitative, quantitative, and mixed methods data, using a preexisting framework as a model for analysis (Noyes et al., 2022). For the current study, Meyer's (2003) minority stress model was used as the analytical framework. As

such, the initial coding of results focused on identifying the intraindividual and sociocultural strengths and vulnerabilities experienced by people with asexual spectrum identities according to the processes described by the minority stress model: (a) general environmental circumstances, (b) minority status, (c) general stressors, (d) distal minority stressors, (e) proximal minority stressors, (g) characteristics of minority identity, and (h) coping and social support (Meyer, 2003).

Qualitative Data Analysis

The qualitative studies were thoroughly reviewed for data describing, summarizing, or reporting discrimination and/or stigma experienced by people with asexual spectrum identities, including researchers' interpretations, themes, or synthesis of findings where appropriate. This resulted in 412 statements from the 10 qualitative and mixed method articles. While some statements supported multiple processes in Meyer's (2003) model, statements were coded to the most relevant process. All statements were then assigned a second thematic code to organize findings.

An iterative approach to coding was used. Processes in Meyer's (2003) minority stress model formed the initial set of deductive thematic codes. Processes in the Meyer (2003) model with significant thematic similarities (minority identity, minority status, and characteristics of minority identity) were consolidated. General stressors and circumstances in the environment were not used as codes, as these themes were either not reported in the literature or were better characterized as distal minority stress processes or proximal minority stress processes. For inductive thematic codes, 23 thematic codes were initially developed and then further refined. Findings for twelve codes with fewer than $N = 10$ responses were reviewed and consolidated into other codes. The three most common codes ($N \geq 58$) were also reviewed and assigned a

tertiary code to group themes within thematic categories. Tertiary codes were used to identify similar statements when analysing the thematic codes.

The result of this synthesis was a consolidation of Meyer's (2003) framework focused on four processes (characteristics of asexuality as a minority identity, distal minority stress processes, proximal minority stress processes, and coping and social support), and 11 thematic codes (norms, judgment, identity, disclosure, relationships, self-concept, education, community, persons of colour, rape/harm, friendship, and LGBTQ+). An additional 17 tertiary codes were developed for norms, 28 additional tertiary codes were developed for judgment, and eight additional tertiary codes were developed for identity.

Quantitative Data Analysis

Quantitative findings were also reviewed for data describing, summarizing, or reporting discrimination and/or stigma experienced by people with asexual spectrum identities. As with the qualitative findings, these results were then coded according to the relevant process in Meyer's (2003) minority stress model. As with the qualitative results, data relating to minority identity, minority status, and characteristics of minority identity were consolidated due to significant thematic similarities. This resulted in five codes for the quantitative data: characteristics of asexuality as a minority identity, distal minority stress processes, proximal minority stress processes, coping and social support, and mental health outcomes.

Methodological Analysis

Critically analysing the literature used in this framework synthesis is part of the best practices in this research method (Brunton et al., 2020). The methodological critique of the framework synthesis used in this study will include a discussion of the research paradigms of the included studies; how the role of the researcher influences results; the impact of recruitment,

sampling, and participant characteristics; and the reliability and validity of the data collection and data analysis methods used. This framework synthesis included eight articles using quantitative methods (Bittle & Anderson, 2023; Borgogna et al., 2023; Brady et al., 2022; Chan & Leung, 2023; McInroy et al., 2022; Rothblum et al., 2020; Rye & Goldszmidt, 2023; Woodruff et al., 2023), nine articles using qualitative methods (Brandley, 2023; Cuthbert, 2022; Foster et al., 2019; Gupta, 2019; Kelleher & Murphy, 2022; Miller et al., 2022; Mollet, 2021; Vares, 2022; Yang, 2021), and one article using mixed methods (Hammack et al., 2022). As the mixed methods article (Hammack et al., 2022) used a concurrent equal status design, the quantitative methods will be critiqued with the other quantitative articles included in this study and the qualitative methods will be critiqued with the other qualitative articles included in in this study.

Quantitative Studies

Research Paradigm

A research paradigm is the philosophical understanding that informs the decisions researchers undertake in their design, methods, and dissemination of their study (Kekeya, 2019). A positivistic research paradigm presumes that the objective nature of reality exists in the physical and social environment, where causal relationships can be observed, explored, and documented (Creswell & Creswell, 2018; Kekeya, 2019; Park et al., 2020). For the eight quantitative articles included in this framework analysis, all eight employed a positivistic research paradigm (Bittle & Anderson, 2023; Borgogna et al., 2023; Brady et al., 2022; Chan & Leung, 2023; McInroy et al., 2022; Rothblum et al., 2020; Rye & Goldszmidt, 2023; Woodruff et al., 2023). This is evidenced by their use of testable hypotheses and experimental design including operationalized variables which are defined and measured to illuminate the relationship between variables (Park et al., 2020). As a mixed methods study, Hammack et al.

(2022) have adopted a pragmatic approach to their research, incorporating elements of post-positivism and interpretivism (Dawadi et al., 2021). However, the quantitative research questions in Hammack et al. focused on collecting descriptive statistics rather than addressing a testable hypothesis.

Each of the eight quantitative articles and the one mixed methods article are cross-sectional, albeit one derived its cross-sectional data from an ongoing longitudinal study (Rothblum et al., 2020). No articles used experimental or quasi-experimental designs, and all nine articles based their findings on descriptive statistics and inferential statistics. As such, all nine articles are best considered correlational studies (Creswell & Creswell, 2018; Raulin & Graziano, 2019). As such, the findings in the eight quantitative articles and one mixed methods article should not be interpreted as evidence supporting causal inferences between asexuality and the variables measured (Grosz et al., 2020).

Role of the Researchers

In quantitative research, researchers are expected to remain objective and unbiased when collecting data and reporting their results (Al-Ababneh, 2020; Creswell & Creswell, 2018). This is achieved both by using clear, well-structured methodology as well as critically evaluating the validity and reliability of their instruments and analytical approaches (Al-Ababneh, 2020; Creswell & Creswell, 2018).

Consistent with their pragmatic paradigm, Hammack et al. (2022) did include a researcher positionality statement, indicating a diverse research team with different sexual and gender identities. Of the eight quantitative articles included in this study, however, none provided a statement of researcher position, and only one (Chan & Leung, 2023) provided a statement of authorship contribution outlining the roles of the research team. While researcher positionality is

assumed to be unimportant in a positivist research paradigm, some theorists contend that statements of positionality should be included in all published psychology research so that the impacts of the cultural worldview of the research team can be examined (Carter & Hurtado, 2007; Fassinger & Morrow, 2013). Considering that people identifying as sexual and gender minorities were included in all eight studies, understanding whether members of the research team are operating from an emic or etic perspective and the cultural competence of the researchers provide important context to their results (Fassinger & Morrow, 2013). As people with asexual spectrum identities are a minority community, ethical research best practices would recommend including members of the community within the research team (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council, 2018).

Research Questions and Hypotheses

Six of the eight quantitative articles and the one mixed methods article included a discussion of one or more hypotheses that guided their research (Bittle & Anderson, 2023; Borgogna et al., 2023; Chan & Leung, 2023; Hammack et al., 2022; Rothblum et al., 2020; Rye & Goldszmidt, 2023; Woodruff et al., 2023). As the data presented in Brady et al. (2022) was collected as part of a broader study and used confirmatory factor analysis to validate an existing measure, the lack of hypotheses may have been an oversight as their literature review explains the theory underlying the scale explored in their analysis. It is unclear why no hypothesis was stated in McInroy et al. (2022). It should also be noted that Woodruff et al. (2023) presented three research questions but included only one hypothesis.

Sampling and Recruitment of Participants

To understand the extent to which quantitative research results are representative and generalizable, the sampling and recruitment procedures used in each study are discussed below.

Sampling. Seven of the eight quantitative articles (Bittle & Anderson, 2023; Borgogna et al., 2023; Brady et al., 2022; Chan & Leung, 2023; McInroy et al., 2022; Rye & Goldszmidt, 2023; Woodruff et al., 2023) used convenience sampling in their study. Convenience sampling is a form of non-probability sampling where participants are chosen for their convenience and availability (Creswell & Creswell, 2018). This technique has a significant drawback, as findings based on convenience samples can only be generalized to the population from which they are drawn rather than the population at large (Andrade, 2021). Four of these articles (Borgogna et al., 2023; Brady et al., 2022; Chan & Leung, 2023; McInroy et al., 2022) were based on data collected as part of larger research initiatives. Two of the articles (Bittle & Anderson, 2023; Rye & Goldszmidt, 2023) were based on data gathered from university students, presumably at the researchers' own institutions. One article (Woodruff et al., 2023) recruited participants from online asexual communities. The one mixed methods study used a venue-based purposive sampling method (Hammack et al., 2022). This non-probability approach was selected to allow comparison between geographic areas and has been recommended as a sampling method for studying diverse and hard-to-reach populations (Krueger et al., 2020; Muhib et al., 2001).

The final quantitative study (Rothblum et al., 2020) used multistage sampling employing random sampling in the initial selection stage, and quota sampling to preserve the representation on certain demographic characteristics while allowing for age-based cohorts to be developed. The data used by Rothblum et al. (2020) is also derived from a larger longitudinal research study. One of the challenges with the sampling approach used in this study was that it was designed for a different research initiative and, as such, has some questionable exclusion criteria (for example,

excluding transgender participants and participants with ethnic backgrounds that are not Black, Latino, multiracial or White) relative to the purpose of the article included in this study.

Sample sizes also varied widely across the quantitative studies. The largest study, Borgogna et al. (2023) included 119,181 participants. Of these, only 1,300 participants (1%) disclosed an asexual spectrum identity. Chan and Leung (2023) also based their analysis on a very large sample of 12,449 participants, all of whom identified with an asexual spectrum identity. McInroy et al. (2022) included 5,314 participants of which 669 (13%) described an asexual spectrum identity. Rothblum et al. (2020) included 1,523 participants with only 19 (1%) having an asexual spectrum identity. The remaining studies (Bittle & Anderson, 2023; Brady et al., 2022; Hammack et al., 2022; Rye & Goldszmidt, 2023; Woodruff et al., 2023) each included between 160 and 484 participants. The challenge with the smaller sample sizes, particularly those in Bittle and Anderson (2023) and Rye and Goldszmidt (2023), is that they can influence what between-group comparisons can be made with sufficient statistical power. These studies used broader categorical comparisons (for example, heterosexual versus nonheterosexual) than larger studies. However, some of the larger samples also cause concerns. Notably, Rothblum et al. (2020) conduct significance testing to determine whether mean scores of their asexual participants differ from their non-asexual participants using very unequal samples, a condition which can greatly reduce statistical power and increase the likelihood of a type I error (Rusticus & Lovato, 2014). It is thus recommended that quantitative studies conduct and report a power analysis when conducting significance testing (Serdar et al., 2021).

Recruitment. Participants from the quantitative studies used were largely recruited from a limited number of countries: the United States (Bittle & Anderson, 2023; Borgogna et al., 2023; Hammack et al., 2022; McInroy et al., 2022; Rothblum et al., 2020; Woodruff et al., 2023),

Canada (McInroy et al., 2022; Rye & Goldszmidt, 2023), and Australia (Brady et al., 2022). Only one study (Chan & Leung, 2023) included a global sample drawn from over 100 countries (Hermann et al., 2022). However, the dataset used by Chan and Leung (2023) also disproportionately includes participants from the United States (47.3% of respondents), the United Kingdom (9.2% of respondents), Canada (6.2% of respondents), Germany (4.9% of respondents) and Australia (3.9% of respondents) (Hermann et al., 2022).

Each of the eight quantitative articles and the one mixed methods article included a discussion of the recruitment methods used. Recruitment methods included soliciting university student participants by email or in person (Bittle & Anderson, 2023; Borgogna et al., 2023; Brady et al., 2022; Rye & Goldszmidt, 2023); posting on social media including Facebook (Bittle & Anderson, 2023; Hammack et al., 2022), Reddit (Woodruff et al., 2023), AVEN (Chan & Leung, 2023; Woodruff et al., 2023), and others (Hammack et al., 2022; McInroy et al., 2022); paid online advertisements (McInroy et al., 2022); emails to social service organizations (McInroy et al., 2022); community settings such as coffee shops or parks (Hammack et al., 2022); approaching community groups (Hammack et al., 2022); direct phone calls (Rothblum et al., 2020); and snowball sampling (Hammack et al., 2022). Inclusion and exclusion criteria varied widely between studies. Four studies (Bittle & Anderson, 2023; Borgogna et al., 2022; Brady et al., 2022; Rye & Goldszmidt, 2023) specifically noted the inclusion of validity checks and completion criteria. In most studies, participant age was a common exclusion criterion. Only two articles (Hammack et al., 2022; McInroy et al., 2022) included participants younger than 18 years of age. Mean age of participants, where reported, ranged from 21 to 27.38 (Bittle & Anderson, 2023; Borgogna et al., 2023; Chan & Leung, 2023; Rye & Goldszmidt, 2023; Woodruff et al., 2023). This suggests the quantitative results skew disproportionately young,

considering the median age is 41.0 years in Canada (Statistics Canada, 2022), 38.9 years in the United States (United States Census Bureau, 2023), and 38 years in Australia (Australia Bureau of Statistics, 2022).

Two studies were noted for their unusual exclusion criteria. Firstly, Woodruff et al. (2023) excluded any responses from countries other than the United States, contending that this was necessary to eliminate outliers with cultural non-acceptance of their sexual identity. Secondly, people identifying as transgender were excluded from the dataset used by Rothblum et al. (2020) as they were recruited for an alternate study when the sample was drawn. Likewise, people of certain ages (under 18, 28-31, 44-49, 62 and over) and ethnicities other than White, Black, Latino, and multiracial were excluded based on the different research objectives cited in the longitudinal study. In both cases, these exclusion criteria do not appear to align with the research questions under investigation and reduce the generalizability and representativeness of the results. However, the exclusion criteria used do not invalidate all findings but should be considered as relevant context when interpreting results.

Data Collection

The quantitative research articles selected employed a wide array of survey instruments to gather data from participants. In addition to collecting demographic data, typically including age, natal sex, gender identity, sexual identity, and ethnicity, the eight quantitative studies used 45 different survey instruments. Of these instruments, 18 were adopted or adapted from prior research. These include the Asexual Microaggression Scale (Foster, 2017), Attitude Function Inventory (Herek, 1987), Attitudes Toward Asexuals Scale (Hoffarth et al., 2016), Dehumanization Scale (Haslam et al., 2005), Patient Health Questionnaire-9 (Kroenke et al., 2001), Everyday Discrimination Scale (Williams et al., 1997), Fear of Heterosexism (Fox &

Asquith, 2018), Felt Stigma (Herek, 2009), Five Factor Wellness Inventory (Meyers & Sweeney, 2014), LGBT Community Connectedness (Frost & Meyer, 2011), Microaggressions on Campus (Woodford et al., 2015), Multidimensional Scale of Perceived Social Support (Zimet et al., 1988), Nungesser Homosexuality Attitudes Inventory (Nungesser, 1983), Perceived Stress Scale (Cohen et al., 1983), Satisfaction with Life (Diener et al., 1985), Sexual and Interpersonal Violence Scale (Banyard et al., 2003), Social Distance Scale (Gentry, 1986), and Social Dominance Orientation (Pratto et al., 1994). Of these, 14 instruments (Banyard et al., 2003; Cohen et al., 1983; Diener et al., 1985; Foster, 2017; Fox & Asquith, 2018; Frost & Meyer, 2011; Gentry, 1986; Hoffarth et al., 2016; Kroenke et al., 2001; Meyers & Sweeney, 2014; Pratto et al., 1994; Williams et al., 1997; Woodford et al., 2015; Zimet et al., 1988) are considered to have good internal reliability as demonstrated by a Cronbach alpha of 0.8 or greater (Schweizer, 2011). Three other scales (Herek, 1987; Herek, 2009; Nungesser, 1983) are considered to have acceptable internal reliability, as evidenced by a Cronbach alpha above 0.7 (Schweizer, 2011). One scale (Haslam et al., 2005) did not report internal reliability in its initial study but was reported to have an acceptable Cronbach alpha of 0.76 in Bittle and Anderson (2023). Only two studies (Bittle & Anderson, 2023; Rye & Goldszmidt, 2023) assessed measures for concurrent validity, thereby improving their construct validity.

All of the scales used for quantitative data collection relied on self-report data, generally either in the form of a Likert scale or as a binary assessment item. Self-report data, while useful for measuring attitudes and beliefs in a quantitative manner, has some known limitations. Self-report data is frequently subject to social desirability biases; that is, the tendency for respondents to answer in a way that is perceived as desirable by others (Kreitchmann et al., 2019). This could, for example, have led participants in Bittle and Anderson (2023) and Rye and Goldszmidt (2023)

to report more positive attitudes towards asexuals than they genuinely believe. Acquiescent responding, the tendency to prefer to answer on the positive side of a rating scale, can also distort results (Kreitchmann et al., 2019). This could, for example, increase the tendency of participants in Rothblum et al. (2020) and Woodruff et al. (2023) to overstate their perceived social support ratings, particularly as no items in Zimet et al.'s (1988) instrument are reverse scored. None of the studies included procedures or measures to assess the impact of social desirability bias, which would have allowed the impact of these biases to be assessed.

Data Analysis

The authors of the selected quantitative articles used a variety of data analysis techniques. All articles reported at least some descriptive statistics about their sample, typically including characteristics such as age (Bittle & Anderson, 2023; Borgogna et al., 2023; Brady et al., 2022; Chan & Leung, 2023; McInroy et al., 2022; Rothblum et al., 2020; Rye & Goldszmidt, 2023; Woodruff et al., 2023), gender (Bittle & Anderson, 2023; Borgogna et al., 2023; Brady et al., 2022; Chan & Leung, 2023; Hammack et al., 2022; McInroy et al., 2022; Rothblum et al., 2020; Rye & Goldszmidt, 2023; Woodruff et al., 2023), ethnicity (Bittle & Anderson, 2023; Borgogna et al., 2023; Brady et al., 2022; Chan & Leung, 2023; Hammack et al., 2022; McInroy et al., 2022; Rothblum et al., 2020; Rye & Goldszmidt, 2023; Woodruff et al., 2023), sexual identity (Bittle & Anderson, 2023; Borgogna et al., 2023; Brady et al., 2022; Hammack et al., 2022; Rye & Goldszmidt, 2023; Woodruff et al., 2023), education (Chan & Leung, 2023; Hammack et al., 2022; Rothblum et al., 2020), relationship status (Bittle & Anderson, 2023; Rothblum et al., 2020; Rye & Goldszmidt, 2023), and religion (Brady et al., 2022; Rye & Goldszmidt, 2023). The most common method, analysis of variance (ANOVA), was utilized by five of the eight papers (Bittle & Anderson, 2023; Brady et al., 2022; McInroy et al., 2022; Rye & Goldszmidt, 2023;

Woodruff et al., 2023). Only one study (Bittle & Anderson, 2023) included a discussion of their power analysis; that is, the authors of the study assessed the likelihood of finding the effects in their study on a population level (Brysbaert, 2019). Only Rye and Goldszmidt (2023) and Woodruff et al. (2023) reported their Box's M test results, assessing the homogeneity of covariances in their models. Rye and Goldszmidt (2023) noted that this assumption of homogeneity of covariances was violated in their study and discussed their use of Pillai's Trace to assess the multivariate effects of gender. Curiously, while ANOVA requires data to be normally distributed, with independent and identically distributed data points (Signmann & Kellen, 2019), none of the researchers using ANOVA as a method provided indications about the normality of their data. That said, many of the significance tests relied on samples with more than 100 observations, the point at which the central limit theorem suggests violation of normality is no longer a major concern (Mishra et al., 2019). However, caution should be used when interpreting Bittle and Anderson's (2023) findings about cisgender men, nonheterosexual participants, participants unfamiliar with asexuality, and participants who know someone who is asexual; Brady et al.'s (2022) significance testing with staff members, noncisgendered staff and students, and pairwise comparisons by sexuality; McInroy et al.'s (2022) findings about asexual cisgender young adults and asexual gender minority young adults; and Rye and Goldszmidt's (2023) findings about men, as each of these groups were smaller than 100 participants.

Although ANOVA was the most common method to assess statistically meaningful differences between groups, other techniques were also used. While Rothblum et al. (2020) also used significance testing to assess group differences, they used several statistical methods to adjust the results of their survey data to make better between-group comparisons. As Rothblum et al.'s study is designed to be representative, they used weighted data to reflect the prevalence in

the population. To account for this, Rothblum et al. used Rao Scott adjusted and Adjusted Wald test statistics for their categorical and continuous variables respectively, analyzing the between groups significance using the Holm-Bonferroni method of post-hoc analysis. These adjustments correct for type 1 errors when using weighted survey data (Chen et al., 2016; Kim, 2015; Thomas & Decady, 2004). Hammack et al. (2022) chose to measure association between sexual and gender identity labels and other dichotomous variables using phi coefficients. While this is an appropriate technique, it should be noted that, in some instances, the way data is categorized to enable these calculations (for example, high support versus low support communities) applies the researcher's judgment of conditions rather than a within-subject metric.

Four of the selected articles (Borgogna et al., 2023; Chan & Leung, 2023; McInroy et al., 2022; Rye & Goldszmidt, 2023) used logistic regression to model the relationship between variables. In Borgogna et al. (2023), this model was used to calculate the adjusted odds ratios of each group experiencing emotional, physical, or sexual assault, a useful means of measuring the association between exposure and an outcome (Szumilas, 2010). Although most of the sample sizes in this analysis are large enough to produce reliable results, it should be noted that the number of demisexuals included ($N = 198$) is smaller than the sample size of 500 recommended for use in logistic regression by Bujang et al. (2018). Similarly, Chan and Leung (2023) used logistic regression to calculate the adjusted odds ratios for several outcomes including the probability of experiencing verbal aggression, victimization, health care discrimination, impaired health, impaired social relationships, impairment in daily activities, and suicidality. The significance testing of the adjusted odds ratios in Chan and Leung (2023) for intersex people, people with "other' employment status, and lower-middle-income/low-income country income should be interpreted with caution due to the smaller sample sizes ($N < 500$) for these groups.

McInroy et al. (2022) used logistic regression to assess the probability of suicidality in their sample, reporting the odds ratios for each age cohort by gender identity. Again, the young adult asexual group (*N* = 143) was smaller than recommended by Bujang et al. (2018).

As Brady et al. (2022) were testing the Fear of Heterosexism Scale (Fox & Asquith, 2018) as part of their research, the team included a confirmatory factor analysis (CFA). Curiously, the team did not report a power analysis and the relatively small number of staff participants (*N* = 71) in Brady et al. (2022) was not considered as a possible reason for the unacceptable initial model fit despite chi-square tests being sensitive to sample size (Kyriazos, 2018). The research team, however, did note a high correlation between items and were able to generate a marginally acceptable model fit by allowing some error terms to covary. Internal consistency and convergent validity were also assessed, with the Fear of Heterosexism Scale showing good internal validity and convergent validity with perceived safety, bystander efficacy, and discomfort reporting negative experiences in both sample groups. As the Fear of Heterosexism Scale is a relatively new instrument, the CFA and validity checks were sensible inclusions in this study which bolstered confidence in the measure.

Finally, Chan and Leung's (2023) article included structural equation modelling to test their hypothesized mediation model on minority stress and suicidality. It is unclear which method of structural equation modelling Chan and Leung used, but their language suggests they may have used a type of path analysis given they were investigating a mediation model (Edwards & Lambert, 2007). Chan and Leung also indicated they conducted bootstrapping analysis to assess the indirect effects of minority stress on suicidality, which Alfons et al. (2022) suggested is an excellent method to test the significance in an indirect effect.

Qualitative Studies

Research Paradigm

Qualitative research typically involves an interpretivist worldview, a perspective that focuses on understanding the experiences and meaning-making processes involved in human actions and social activities (Al-Ababneh, 2020; Kekeya, 2019). This approach considers reality as subjective, reflecting the complexities of culturally derived and historically situated interpretations (Al-Ababneh, 2020; Kekeya, 2019). Of the nine qualitative articles (Brandley, 2023; Cuthbert, 2022; Foster et al., 2019; Gupta, 2019; Kelleher & Murphy, 2022; Miller et al., 2022; Mollet, 2021; Vares, 2022; Yang, 2021) and qualitative sections of the one mixed methods article (Hammack et al., 2022) included in this analysis, all used an interpretivist paradigm. Three of these articles further specified their epistemological position, with Gupta (2019) assuming a post-structural social constructivist position, Vares (2022) adopting a feminist post-structural approach, and Hammack et al. (2022) writing from a constructionist perspective.

Role of the Researcher

Qualitative research recognizes that researchers' backgrounds influence the interpretation of data (Creswell & Creswell, 2018). Consistent with this principle, eight of the nine qualitative articles and the one mixed method article included at least some discussion of positionality (Brandley, 2023; Cuthbert, 2022; Foster et al., 2019; Gupta, 2019; Hammack et al., 2022; Kelleher & Murphy, 2022; Miller et al., 2022; Mollet, 2021; Yang, 2021). This discussion was thoughtful and robust in five of the articles (Foster et al., 2019; Hammack et al., 2022; Kelleher & Murphy, 2022; Miller et al., 2022; Mollet, 2021), but limited or cursory in the remaining four articles (Brandley, 2023; Cuthbert, 2022; Gupta, 2019; Yang, 2021). Most of the research was conducted from an etic perspective with respect to asexuality (Foster et al., 2019; Gupta, 2019; Hammack et al., 2022; Kelleher & Murphy, 2022; Yang, 2021), with three researchers including

an emic perspective (Brandley, 2023; Miller et al., 2022; Mollet, 2021). Cuthbert (2022) and Vares (2022) did not include sufficient information to determine whether their research was conducted from an etic or emic perspective.

Sampling and Recruitment of Participants

Sampling. All nine of the qualitative articles and the one mixed methods article employed purposeful sampling (Brandley, 2023; Foster et al., 2019; Cuthbert, 2022; Gupta, 2019; Hammack et al., 2022; Kelleher & Murphy, 2022; Miller et al., 2022; Mollet, 2021; Vares, 2022; Yang, 2021). Purposeful sampling involves selecting participants who have characteristics necessary to answer questions about the matter under investigation from a population defined by established criteria (Koerber & McMichael, 2008; Renjith et al., 2021). For eight studies, the participants were selected on basis of their asexual identity (Brandley, 2023; Foster et al., 2019; Cuthbert, 2022; Gupta, 2019; Kelleher & Murphy, 2022; Mollet, 2021; Vares, 2022; Yang, 2021), while Miller et al. (2022) intentionally selected participants with a range of diverse backgrounds who did not identify as heterosexual or homosexual and Hammack et al. (2022) recruited adult and youth leaders in the LGBTQ+ communities of California's Central Valley and San Francisco Bay areas. In addition to their purposeful sample, Foster et al. (2019) also employed snowball sampling. Snowball sampling involves asking participants to identify people they know who may be eligible to participate in the study (Parker et al., 2019).

Recruitment. Recruitment was conducted using a variety of methods. Recruiting participants from the Asexuality Visibility and Education Network (AVEN; Asexual Visibility and Education Network, 2023) was the sole recruitment method for three studies (Gupta, 2019; Kelleher & Murphy, 2022; Yang, 2021), and formed part of the recruitment strategy for a fourth study (Vares, 2022). Social media was used as part of the recruitment process in four studies

(Brandley, 2023; Cuthbert, 2022; Miller et al., 2022; Vares, 2022). Other online sources such as student websites, mailing lists, message boards, and platonic dating sites were also used (Cuthbert, 2022; Foster et al., 2019; Mollet, 2021; Vares, 2022). A few studies also recruited offline including through libraries, community centres, and queer groups (Cuthbert, 2022; Foster et al., 2019; Hammack et al., 2022). Between 5 and 30 participants were recruited to the included qualitative studies, with the nine studies reflecting an average of 17 participants. For the qualitative portions of Hammack et al. (2022), saturation was reached after 24 adult interviews and 28 youth interviews.

Similar to the quantitative studies, recruitment to the qualitative studies focused on a limited number of countries: the United States (Gupta, 2019; Hammack et al., 2022; Kelleher & Murphy, 2022; Mollet, 2021; Yang, 2023), United Kingdom (Cuthbert, 2022; Kelleher & Murphy, 2022), Australia (Miller et al., 2022), France (Kelleher & Murphy, 2022), and New Zealand (Vares, 2022). Two studies (Brandley, 2023; Foster et al., 2019) did not indicate the country of residence of their participants. However, as both Brandley (2023) and Foster et al. (2019) are based in the United States and used at least some community recruitment, it is plausible that some or all of their participants were also residents of the United States.

Data Collection

Data collection in qualitative research can take a variety of forms, including interviews, documents, observation, and visual materials (Creswell & Creswell, 2018). All nine of the qualitative articles and one mixed methods article selected used semi-structured interviews as their primary form of data collection (Brandley, 2023; Foster et al., 2019; Cuthbert, 2022; Gupta, 2019; Hammack et al., 2022; Kelleher & Murphy, 2022; Miller et al., 2022; Mollet, 2021; Vares, 2022; Yang, 2021). One study (Mollet, 2021) also included follow-up questions and a 90-minute

focus group discussion to validate their findings. Interviews ranged in length from 30 minutes to 180 minutes, though two studies (Cuthbert, 2022; Gupta, 2019) did not disclose the length of their interviews. In addition to their interviews, Hammack et al. (2022) also engaged in ethnographic fieldwork in their two geographic regions of interest (California's Central Valley and San Francisco Bay areas), with observations occurring over 20 months between November 2015 and July 2017.

As part of their interviews, most of the qualitative studies also collected some demographic information, typically including age (Brandley, 2023; Foster et al., 2019; Cuthbert, 2022; Gupta, 2019; Hammack et al., 2022; Kelleher & Murphy, 2022; Miller et al., 2022; Vares, 2022; Yang, 2021), gender identity (Brandley, 2023; Foster et al., 2019; Cuthbert, 2022; Gupta, 2019; Hammack et al., 2022; Miller et al., 2022; Mollet, 2021; Yang, 2021), romantic orientation (Brandley, 2023; Foster et al., 2019; Gupta, 2019; Kelleher & Murphy, 2022; Miller et al., 2022; Mollet, 2021; Vares, 2022; Yang, 2021), asexual identity (Brandley, 2023; Foster et al., 2019; Gupta, 2019; Kelleher & Murphy, 2022; Miller et al., 2022; Mollet, 2021; Yang, 2021), and ethnicity (Brandley, 2023; Foster et al., 2019; Cuthbert, 2022; Gupta, 2019; Hammack et al., 2022; Kelleher & Murphy, 2022; Miller et al., 2022; Mollet, 2021; Vares, 2022; Yang, 2021). Some studies also collected information on ability (Miller et al., 2022; Mollet, 2021), religion (Foster et al., 2019; Mollet, 2021), geographic location (Cuthbert, 2022; Foster et al., 2019; Hammack et al., 2022; Miller et al., 2022; Vares, 2022), education (Foster et al., 2019) employment (Gupta, 2019; Vares, 2022), relationship status (Gupta, 2019; Kelleher & Murphy, 2022), and socioeconomic class (Cuthbert, 2022; Foster et al., 2019; Gupta, 2019). This demographic information helps clarify the social location of participants, providing information on respondents' sociocultural context.

Data Analysis

In qualitative research, data analysis typically includes the organization of raw data, such as through transcribing interviews, reading all data, coding the data into broad categories of meaning, identifying themes, and representing researcher interpretations (Creswell & Cresswell, 2018; Renjith et al., 2021). Six different qualitative research approaches were used in the nine selected articles, including thematic analysis (Cuthbert, 2022; Hammack et al., 2022; Miller et al., 2022; Vares, 2022), critical thematic analysis (Brandley, 2023), consensual qualitative research (Foster et al., 2019), interpretative phenomenological analysis (Kelleher & Murphy, 2022), critical constructivist grounded theory (Mollet, 2021), and extended case method (Yang, 2021). While Gupta (2019) references qualitative interviewing as a method, her method of analysis is not stated. While most of these methods follow the typical pattern of data analysis described above, there are some notable differences. Consensual qualitative research includes the use of an external auditor to check the work of the primary research team (Hill et al., 2005), and the inclusion of this auditor was specified in Foster et al. (2019). Consistent with Charmaz's (2014) ideas of symbolic interactionism, critical constructivist grounded theory can include space for participant reflexivity on the research findings and which Mollet (2021) achieved through focus groups. Finally, the extended case method requires an examination of social processes and social forces within the dialogues (Burawoy, 1998), which Yang (2021) attempted to achieve with respect to gender and sexuality.

Critical Reflections on the Methodological Analysis

While some methodological challenges were identified, the included articles were deemed to demonstrate sufficient methodological rigor to be included in this study. Nonetheless, there remained some methodological limitations of note in these articles. Firstly, the quantitative

studies employed a positivist research paradigm and included no indication of researcher positionality. Considering people with asexual spectrum identities or other minority sexual identities are the research subjects of these studies, the lack of researcher reflexivity on epistemological and ontological biases that may be implicit in their work has the potential to introduce harm (Teo, 2021). While there was insufficient evidence to conclude this led to systemic researcher bias or perpetration of harm, understanding how the researchers' experiences shaped their methodological and analytical choices would have increased confidence in the reliability and replicability of their results. Secondly, all quantitative studies used cross-sectional designs, typically employing convenience sampling. These methods create correlational results which are susceptible to bias and preclude developing causal inferences based on the findings (Wang & Cheng, 2020). Finally, the participants in nearly all of the quantitative and qualitative studies were drawn from what Henrich et al. (2010) termed Western, educated, industrialized, rich and democratic (WEIRD) countries. The overreliance of sampling WEIRD populations has been rightly criticized (for example, Klein et al., 2021; Thalmayer et al., 2021) for underrepresenting cultural diversity and giving rise to inappropriate assumptions on generalizability. Only Chen and Leung (2023) included a global sample in their research. The remaining participants were recruited from WEIRD countries including the United States (Bittle & Anderson, 2023; Borgogna et al., 2023; Gupta, 2019; Hammack et al., 2022; Kelleher & Murphy, 2022; McInroy et al., 2022; Mollet, 2021; Rothblum et al., 2020; Woodruff et al., 2023; Yang, 2023), Canada (McInroy et al., 2022; Rye & Goldszmidt, 2023), Australia (Brady et al., 2022; Miller et al., 2022), the United Kingdom (Cuthbert, 2022; Kelleher & Murphy, 2022), France (Kelleher & Murphy, 2022), and New Zealand (Vares, 2022). The nationalities of participants in two qualitative studies (Brandley, 2023; Foster et al., 2019) were not listed,

although both research teams are based in the United States. As such, the current study also faces the limitation that the preponderance of research data included are based on WEIRD populations and the generalizability of findings to global populations is thus unknown.

Conclusion

The above discussion of the methodological analysis of the included studies has outlined major considerations and limitations that were identified during the analysis of the current study. The current study was designed to select relevant literature from the academic research available on asexuality in a deliberate and systematic way. By using framework analysis, a metanalytical approach that seeks to use an established and well-evidenced theory as a lens for exploring the research question, the current study takes a robust and methodical approach to investigating the impact of stigma and discrimination in people with asexual spectrum identities.

Chapter Three: Literature Review

This study specifically seeks to answer the following research question: how does the minority stress model outlined by Meyer (2003) describe the stigma and discrimination experienced by people with asexual spectrum identities? While there is evidence that people who identify as asexual do experience stigma and discrimination related to their sexual minority identity (Barry et al., 2020), little systematic synthesis has been conducted on how these stressors contribute to the mental health and wellbeing of this population. To explore the relationship between people with asexual spectrum identities and their experiences of stigma and discrimination, this chapter will focus on discussing three ideas. First, this chapter will begin with a discussion of the major themes of stigma and discrimination emerging from the existing research literature and the gaps which this study seeks to address. Second, this chapter will introduce Meyer's (2003) minority stress theory as a framework for exploring the experiences of stigma and discrimination experienced by people with asexual spectrum identities. Finally, this chapter will conclude with a framework analysis of how Meyer's minority stress theory is supported by the selected literature in this study and discuss the extent to which Meyer's theory is reflected in the experiences of people with asexual spectrum identities.

Deficiencies in the Existing Research Literature

Like other sexual minority identities, people with asexual spectrum identities experience stigma, prejudice, and discrimination. However, as an emerging sexual minority identity (Borgogna et al., 2019; Simon et al., 2022), people with asexual spectrum identities have frequently been overlooked, obscured, or intentionally omitted from studies exploring the relationship between their minority sexual identity and their mental health (for example, Amos et al., 2020; Argyriou et al., 2020; Ehlke et al., 2020; Suen et al., 2020; Timmins et al., 2021).

The majority of the existing academic literature on asexuality focuses on classification (for example, Bogaert et al., 2018; Carvalho et al., 2017; Prause & Graham, 2007), identification (for example, Carrigan, 2011; Galupo et al., 2015; Greaves et al., 2017; Scherrer, 2008), or behaviour (for example, Brotto et al., 2010; Brotto et al., 2011; Skorska et al., 2023; Yule et al., 2014; Yule et al., 2017). In many ways, this research seeks to categorize asexuality and discuss ways in which asexuality differs from other sexual identities. Much less is known about the subjective experiences of people with asexual spectrum identities and what positive and negative outcomes exist as a result of identifying as asexual. In the few recent systematic studies on asexuality, researchers have identified the need for additional research into discrimination experienced by people with asexual spectrum identities. Kelleher et al. (2023) and Guz et al. (2022) noted that stigmatization, isolation, and dismissal can be detrimental to the wellbeing of people with asexual spectrum identities, calling for increased attention to clinical and therapeutic interventions to alleviate this distress. The internalization of minority stress in asexual populations has been specifically highlighted as an area for further research (Kelleher et al., 2023).

From a clinical perspective, these gaps in the academic literature present significant challenges. As limited information on stigma and discrimination in people with asexual spectrum identities is available, awareness of the clinical implications of asexuality has been insufficiently addressed in human sexuality curriculum for counselling psychologists (Abbot et al., 2023). This poses a risk that counsellors may implicitly or explicitly pathologize people who identify as asexual, or seek to employ corrective interventions (Hill, 2009; Pinto, 2014; Scherrer, 2008). Indeed, some research has indicated that people with asexual spectrum identities often experience biased, dismissive, or non-affirmative treatment from health care providers (Flanagan

& Peters, 2020; Foster & Scherrer, 2014). This suggests practitioners may not be aware of their own biases and microaggressions when working with people with asexual spectrum identities (Chasin, 2015; Flanagan & Peters, 2020; Gupta, 2017).

Chasin (2015) and Gupta (2017) have suggested that health care practitioners may be unintentionally pathologizing asexuality when considering low sexual attraction and desire as the etiology of distress, rather than considering how experiencing disconfirming and discriminatory behaviour contributes to the distress experienced by people with asexual spectrum identities. As such, understanding the origins and interactions of the forces which create mental health stressors in people with asexual spectrum identities can help practitioners select more appropriate interventions when working with this population. At present, however, this guidance is largely absent from the academic literature.

Overview of Prior Research on Stigma and Discrimination towards Asexual People

Nonetheless, the existing academic literature does suggest some ways in which stigma and discrimination are experienced by asexual people. For the purposes of this overview, these experiences have been grouped into five major themes. The first theme, *sexual normativity*, refers to the idea that all healthy humans experience sexual desire. This, in turn, contributes to the emergence of the second theme, *asexuality as pathology*, where asexuality is associated with a deviance from healthy human behaviour which should be corrected. These ideas lead to an environment of *structural discrimination*, the third theme, where people with asexual spectrum identities face barriers which restrict their opportunities for equal or equitable treatment. This institutional discrimination is supported by the fourth theme, *negative social attitudes*, in which prevailing beliefs about people with asexual spectrum identities create anti-asexual bias. Finally, these forces result in people with asexual spectrum identities routinely experiencing

microaggressions, denigrating everyday exchanges containing hostile or derogatory messages. While these emergent themes do provide context to the experiences of stigma and discrimination, the lack of a cohesive framework also poses a challenge to incorporating these ideas in clinical practice.

Sexual Normativity

Anti-asexual bias emerges from the prevailing ideology of sexual normativity which views human sexuality as universal and necessary for normal, healthy functioning (Cerankowski & Milks, 2010; Chasin, 2011; Przybylo, 2011; Mitchell & Hunnicutt, 2019; Rubin, 1984/1993). Gail Rubin (1984/1993) argues that this sexual normativity is part of a social hierarchy where those that ascribe to “good, normal, natural, blessed sexuality” (p. 13) by participating in sexuality which occurs in pairs and at home within a relationship that is non-commercial, heterosexual, married, and monogamous where both partners are within the same generation and the sexual activity is procreative, vanilla, and excludes pornography, fetish objects, or sex toys. By failing to adhere to this social hierarchy, asexuality becomes viewed as a deviant, infantile, or illegitimate identity (Przybylo, 2011; Rubin, 1984/1993; Scherrer, 2008). These negative views of asexuality highlight how pervasive ideas of sexual normativity remain. However, the existing literature on sexual normativity has been approached as a largely theoretical construct with researchers like Przybylo (2011) and Chasin (2011) presenting the idea as a harmful and pervasive social discourse. Discussions of how sexual normativity is experienced by people with asexual spectrum identities and how it impacts their mental wellbeing is still an area of emerging research.

Asexuality as Pathology

This interpretation of asexuality as existing outside of the permissible sexual hierarchy led to asexuality being widely viewed as pathological (Alcaire, 2015; Brotto, 2010; Gressgård, 2013; Hinderliter, 2013; Prause & Graham, 2007). By treating asexual people as clinically disturbed, the norms of compulsory sexuality remain undisturbed (Alcaire, 2015; Gressgård, 2013). As a field, psychology has characterized disinterest in sex as dysfunction since the 1970s when two sex therapists, Harold Lief and Helen Kaplan, began advocating for the inclusion of a diagnosis related to a lack of sexual interest (Brotto, 2010; Hinterlinder, 2013; Kaplan, 1977). This resulted in the inclusion of "Inhibited Sexual Desire Disorder" in the third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III, American Psychiatric Association (APA), 1980). This was later renamed "Hypoactive Sexual Desire Disorder" (HSDD) in the DSM-III-R, DSM-IV, and DSM-IV-TR (APA, 1987, 1994, 2000). HSDD was defined as "persistently or recurrently deficient (or absent) sexual fantasies and desire for sexual activity" (APA, 1987, p. 292). In the DSM-IV (APA, 1994), a clinical significance criterion was added, denoting that HSDD must also cause "marked distress or interpersonal difficulty" (p. 498). By conceptualizing low sexual desire as pathological, the DSM acts to reinforce allonormative ideas of sexuality, shaping the way asexual people are seen in society and the way they view themselves (Alcaire, 2015; Bogaert, 2006). Indeed, Prause and Graham (2007) found that 56.2% of asexual people viewed their asexuality as an indication that something was wrong with them.

This presumption that asexuality is evidentiary of pathology is slowly changing. Beginning with the DSM-5 (APA, 2013), asexuality now precludes a diagnosis with a sexual desire disorder where a lifelong lack of sexual desire is better explained by one's identification as asexual. In their literature review, Brotto and Yule (2017) argued that there is insufficient

evidence to categorize asexuality as either a psychiatric condition or as a sexual desire disorder, and that asexuality is more aptly viewed as a sexual orientation. Despite this, the potential for asexuality to be pathologized continues to be a concern among people with an asexual spectrum identity (Chasin, 2015). Discussions of HSDD do not always note the importance of considering asexuality as an alternative explanation (for example, Pancho Pesantez & Clayton, 2021). The ongoing pathologization of asexuality also reflects a lack of access to identity-affirmative health care for people with asexual spectrum identities (Flanagan & Peters, 2020; Foster & Scherrer, 2014; Gupta, 2017). This can lead people with asexual spectrum identities to conceal their identity and avoid discussing related issues with their health care providers (Flanagan & Peters, 2020). Concealment and pathologization of asexuality frequently result in diagnoses of mental, physical, or sexual disorders, which people with asexual identities often view as inappropriate (Flanagan & Peters, 2020).

What is less understood is the extent to which people with asexual spectrum identities have internalized this pathologizing view. Meyer (2003) asserts that expectations of stigma and discrimination can impair social function and direct negative social values towards oneself. Having a model which differentiates between locating distress within a person or as a result of experiencing hostile social discourses may help practitioners avoid conflating asexuality with HSDD.

Structural Discrimination

Beyond health care, anti-asexual bias results in other forms of structural discrimination. Discrimination against asexual people on basis of their sexual orientation is not protected in all jurisdictions, even when protections for other sexual orientations exist (Emens, 2014). Anti-asexual biases have been observed in participants' intention to discriminate against asexual

people when making decisions about hiring or renting property (Hoffarth et al., 2016; MacInnis & Hodson, 2012). Some asexual research participants have reported possible workplace discrimination (MacNeela & Murphy, 2015). Consummation laws exist in some jurisdictions, where nonconsummation of a marriage is considered valid grounds for annulment thus threatening the stability of legal marriage protections for asexual people (Challborn & Harder, 2019; Emens, 2014). While these examples are hardly conclusive evidence of widespread structural discrimination, taken together these findings suggest that anti-asexual bias exists across several domains impacting housing, careers, and legal protections.

Structural discrimination has the potential to create socioeconomic and health disparities between people with sexual and gender minority identities and heterosexual cisgender individuals (Gordon et al., 2023; Henderson et al., 2022; Lefevor et al., 2019). Sexual and gender minorities frequently experience discrimination in employment, housing, and health care settings, leading to housing instability, lower incomes, increased homelessness, and barriers to accessible health care (Henderson et al., 2022). Discriminatory legislation and structural stigma have been associated with symptoms of trauma (Russell et al., 2011) and feelings of fear and vulnerability (Fredrick et al., 2022) in other gender and sexual minorities. Cardona et al. (2021) argue these experiences of structural discrimination contribute to traumatic invalidation, resulting in maladaptive emotional processing in sexual and gender minorities. However, as people with asexual spectrum identities are rarely included in research on sexual and gender minorities, the applicability of these findings is not well understood.

Negative Social Attitudes

These biases likely reflect the negative social attitudes regarding asexuality. While personally knowing someone who identifies as asexual has been observed to reduce anti-asexual

bias (Hoffarth et al., 2016; Thorpe & Arbeau, 2020), several studies have reported negative attitudes towards asexual people (Hoffarth et al., 2016; MacInnis & Hodson, 2012; Thorpe & Arbeau, 2020, Vu et al., 2021). People that are highly religious (Davis, 2023; Vu et al., 2021), hold religious fundamentalist beliefs (Davis, 2023; MacInnis & Hodson, 2012) who endorse traditional gender role ideologies (Hoffarth et al., 2016; Vu et al., 2021), who hold right wing authoritarian beliefs (Hoffarth et al., 2016; MacInnis & Hodson, 2012; Thorpe & Arbeau, 2020), have a higher social dominance orientation (Hoffarth et al., 2016; MacInnis & Hodson, 2012; Thorpe & Arbeau, 2020) or are cisgender men (Hoffarth et al., 2016; Thorpe & Arbeau, 2020) typically exhibit higher levels of anti-asexual bias. Media typically portrays asexual people as subjects of mockery and humour (MacInnis & Hodson, 2012; Sinwell, 2014).

In other sexual minority populations, negative social attitudes have been associated with harassment, discrimination, and violence (Trujillo & Mendes, 2021). In environments with negative social attitudes, people with sexual minority identities can begin to internalize these messages as self-stigma, a phenomenon that has been associated with elevated rates of mental health problems (Gilbey et al., 2022; Herek et al., 2009). For people with asexual spectrum identities, these negative social attitudes reflect social discourses about asexuality and allosexuality, contributing to the stigmatization of people with asexual spectrum identities. While these studies clearly indicate the prevalence of anti-asexual bias, there is limited information on how people with asexual spectrum identities may internalize this bias or on the impact these disconfirming experiences have on their mental wellbeing and likelihood of victimization.

Microaggressions

Negative social attitudes towards sexual minorities are continually reinforced through microaggressions. Sue et al. (2007) introduced the concept of microaggressions to describe how

therapists' implicit biases give rise to subtle, denigrating exchanges which communicate hostile or derogatory messages to the target person or group. While Sue et al. specifically based their taxonomy of microaggressions on racial microaggressions, the concept has been extended to describe the invalidating and exclusionary experiences of sexual minorities (Nadal et al., 2016; Platt & Lenzen, 2013; Shelton & Delgado-Romero, 2013). Several researchers have described a range of microaggressions experienced by asexual people. These include invalidating asexuality as a sexual identity (Deutsch, 2018; Gupta, 2017; Hampson, 2020; MacNeela & Murphy, 2015; Mitchell & Hunnicutt, 2019), reinforcing heteronormative narratives (Carrigan, 2011; Deutsch, 2018; MacNeela & Murphy, 2015), positioning asexuality as the result of pathology (Delli Paoli & Masullo, 2022; Deutsch, 2018; Gupta, 2017; Mitchell & Hunnicutt, 2018), expressing disappointment (Deustch, 2018) or rejecting (Deustch, 2018; Gupta, 2017) those who disclose an asexual identity, and infantilizing (Deutsch, 2018; MacNeela & Murphy, 2015) or dehumanizing (Deutsch, 2018; MacInnis & Hodson, 2012; Mitchell & Hunnicutt, 2019) asexual people. Microaggressions against asexual people have been associated with a range of harms. People with asexual spectrum identities report feeling invisible (Mitchell & Hunnicutt, 2019) and isolated (Carrigan, 2011; Delli Paoli & Masullo, 2022; Gupta, 2017; Hampson, 2020) due to these experiences. More troublingly, people with asexual spectrum identities also report feeling pressured into unwanted sex (Gupta, 2017), experiencing sexual threats (Deutsch, 2018), and experiencing sexual violence (Deutsch, 2018) as a result of their sexual identity.

In other sexual and gender minorities, experiencing microaggressions have been associated with poor mental health outcomes (Costa et al., 2022; Farber et al., 2021; Matijczak et al., 2023) and the internalization of invalidating experiences (Farber et al., 2021). While it remains probable that people with asexual spectrum identities experience similar outcomes,

understanding how these microaggressions interact with other expressions of stigma and discrimination provides important context for clinicians working with this population.

Approach to Addressing the Deficiencies in the Existing Academic Literature

While these findings provide some perspective on the experiences of people with asexual spectrum identities, there have been few attempts to synthesize these experiences into a cohesive framework for use in therapeutic contexts. For this reason, Meyer's (2003) minority stress model was used as an analytical framework to explore the experiences of stigma and discrimination in people with asexual spectrum identities. The minority stress model is one of the most prominent frameworks for exploring the interactions between minority sexual identities, stigma and discrimination, and mental health (Borgogna & Aita, 2023).

From a clinical perspective, the minority stress model considers stressors that originate from objective, external stressors or from subjective, internalized stressors. Understanding the distinctions between distress originating from one's external environment or from one's internal self-perception is valuable for selecting appropriate clinical and therapeutic approaches (Eaton et al., 2021; Tan et al., 2020). Additionally, awareness of the external stressors impacting the mental health of people with minority sexual identities can highlight the dominant social discourses which shape clinical biases and countertherapeutic interactions when working with people with asexual spectrum identities in a therapeutic setting.

Introducing the Minority Stress Model as an Analytical Framework

Ilan H. Meyer's (2003) minority stress model remains one of the most prominent theories exploring the connection between the stigma and discrimination experienced by people with sexual minority identities and their mental health outcomes. Meyer framed his theory as a social constructivist critique in response to the continued stigmatization of lesbian, gay and bisexual

people in psychology, arguing that the high prevalence of mental disorders found in this population has unjustly been viewed as evidence of behavioural, cognitive, and emotional abnormalities. An extension of identity theory and social stress theory (Burke, 1991; Thoits, 1995), the minority stress model is based on the contention that stressors which challenge or threaten characteristics of an individual's identity or self-concept can cause distress and impact mental health outcomes. Using this theoretical foundation, Meyer further argues that the prejudice and discrimination experienced by stigmatized minority groups produces a stressful social environment that results in negative impacts to the mental health of these individuals.

Meyer's (2003) assertion that social stress results in the mental distress of people with minority identities is based on three tenets: that minority stress is unique, that minority stress is chronic, and that minority stress is socially based. In arguing that minority stress is unique, Meyer contends that the stressors experienced by stigmatized people extend beyond and add to the general stressors experienced by all people, requiring distinctive adaptations. By attesting that minority stress is chronic, Meyer points out that it is based on social and cultural constructs which are stable and pervasive. Finally, by contending that minority stress is socially based, Meyer states that it originates from social structures, processes, and institutions rather than the result of biological, genetic, or other factors based solely within an individual.

Building on Lazarus and Folkman's (1984) concept of stress, Meyer (2003) argues for three different processes that create minority stress in lesbian, gay and bisexual individuals. Firstly, he points to the impact of stressful external events or conditions, which he terms *distal stressors*. Distal stressors can be chronic or acute and account for situations experienced by people with minority identities such as microaggressions, harassment, violence, and victimization. Secondly, Meyer describes the expectation of experiencing distal stressors and the

vigilance resulting from this expectation. Finally, Meyer references the internalization of negative attitudes held by society. Meyer terms these latter two processes, which relate to an individual's subjective and internal psychological processes, perceptions and appraisals, as *proximal stressors*. Proximal stressors typically relate to one's self-identity and may include experiences such as internalized heterosexism, concealment of one's sexual orientation, and homonegativity.

Meyer (2003) also points out two factors that may attenuate or strengthen the response to minority stress processes: coping mechanisms and identity characteristics. Positive coping, including group solidarity and cohesiveness, has been demonstrated to have protective effects and improve well-being and satisfaction with life (Ding et al., 2022; Florez et al., 2020; Meyer, 2003). Both personal and group-level coping mechanisms have been demonstrated to ameliorate stress (Ali & Lambie, 2019; Fernandes et al., 2023; Stanislawski, 2019; Szymanski et al., 2023), although some coping mechanisms, such as identity concealment, are associated with lower well-being (Huang & Chan, 2022; Kiekens & Mereish, 2022).

Identity characteristics also interact with minority stress processes. Meyer (2003) notes that the prominence, valence, and level of integration are relevant to a person's response to minority stress processes. Thotis (1999) found that the more prominent the minority identity is within a person's self-schema, the more impactful that person will find stressors related to that identity. The valence of the identity; that is, the association of a minority identity with a negative or positive evaluation, has been associated with mental health outcomes and life satisfaction (Coelho & Pereira, 2022; la Roi et al., 2019; Yip & Chan, 2022). Finally, the integration of minority identities into a person's overall sense of self is believed to be important to self-

acceptance (Eliason, 1996). A diagram showing the interactions between factors proposed in Meyer's minority stress model is shown in Figure 2.

Evidence for Meyer's (2003) Minority Stress Model

Meyer's (2003) minority stress model has been validated in studies with people with lesbian, gay, bisexual, and transgender identities (for example, de Lange et al., 2022; Flentje et al., 2022; Meyer et al., 2021). Many studies have shown an association between lesbian, gay, bisexual, and transgender identities and mental health outcomes including depression (Borgogna & Aita, 2023; Mongelli et al., 2019; Ronzón-Tirado et al., 2023; Veale et al., 2017; Walch et al., 2016), self-harm (Veale et al., 2017), suicidality (de Lange et al., 2022; Meyer et al., 2021; Mongelli et al., 2019; Rogers et al., 2021; Ronzón-Tirado et al., 2023; Veale et al., 2017), anxiety (Walch et al., 2016), stress (Walch et al., 2016), and substance use (Mongelli et al., 2019). Supporting Meyer's (2003) assertion that minority stressors create a negative social environment that impact mental health outcomes over time, Flentje et al. (2020) found that 70% of the longitudinal studies they examined indicated an inverse relationship between minority stress and health outcomes.

Similarly, distal minority stress processes including victimization (de Lange et al., 2022; Ronzón-Tirado et al., 2023), bullying (de Lange et al., 2022; Hatchel et al., 2019), negative treatment by family members (de Lange et al., 2022; Ronzón-Tirado et al., 2023), vicarious trauma (Ronzón-Tirado et al., 2023) and other prejudice events (Flentje et al., 2020; Frost et al., 2015) have been associated with negative health outcomes including higher suicidality (de Lange et al., 2022; Ronzón-Tirado et al., 2023), increased incidence of depression (Ronzón-Tirado et al., 2023) and poorer physical health (Flentje et al., 2020; Frost et al., 2015). Proximal stressors, notably internalized homophobia and gender dysphoria have also been associated with increased

psychological distress (Bourn et al., 2018; Lindley & Galupo, 2020; Rogers et al., 2021; Walch et al., 2016).

Meyer (2003) argues that these processes have a direct relationship to the mental health outcomes of people with minority sexual identities. Indeed, a significant number of articles have explored the relationships that Meyer proposed, demonstrating how the experiences of proximal and distal stressors contribute to poor mental health outcomes in lesbian, gay, bisexual, and transgender individuals (Chodzen et al., 2019; Mongelli et al., 2019; Weeks et al., 2023). With this preponderance of evidence, it is probable that Meyer's (2003) minority stress model will also reflect the experiences of people with asexual spectrum identities.

Framework Synthesis: Using Meyer's (2003) Minority Stress Model to Explore Experiences of Stigma and Discrimination in People with Asexual Spectrum Identities

In assessing the applicability of Meyer's (2003) minority stress model as a framework for describing the experiences of stigma and discrimination experienced by people with asexual spectrum identities, three processes have been excluded from this framework analysis. For the purposes of this study, only findings related to people with asexual spectrum identities are discussed; therefore, the minority identity under review is asexuality. As general stressors and circumstances in the environment are not unique to asexuality as an identity and refer more to the variability of personal circumstances, these elements of Meyer's model could not be analyzed based on the articles included in this study. After the above exclusions, six processes in the model were deemed relevant for analysis: characteristics of asexuality as a minority identity, minority status, distal stress processes, proximal stress processes, coping and social support, and mental health outcomes.

Characteristics of Asexuality as a Minority Identity

Consistent with Meyer’s (2003) minority stress model, people who identify as asexual do experience stressors directly related to their sexual identity. While attitudes towards asexuals have been reported as generally positive (Bittle & Anderson, 2023; Rye & Goldszmidt, 2023), the findings of Bittle and Anderson (2023) demonstrated that attitudes towards asexual people are significantly less favorable than attitudes towards heterosexual people. Common stressors related to identifying as asexual include experiencing initial uncertainty or confusion around one’s sexual identity, a lack of education or awareness about asexuality, and varying degrees of acceptance of asexuality as a part of one’s identity (Brandley, 2023; Foster et al., 2019; Kelleher & Murphy, 2022; Miller et al., 2022; Mollet, 2021; Yang, 2021).

Sexual identities frequently gain prominence in early adolescence as youth begin to become aware of their personal romantic and sexual attractions (Foster et al., 2019; Hammack et al., 2022; Kelleher & Murphy, 2022). For asexual youth, this process frequently leads to feelings of being different from others (Kelleher & Murphy, 2022). For people with asexual spectrum identities, a lack of awareness about asexuality contributes to this sense of identity confusion (Foster et al., 2019; Hammack et al., 2022; Mollet, 2021). This sense of confusion can be elevated where individuals struggle to differentiate between sexual attraction and romantic attraction, and where attraction is intermittent or infrequent (Foster et al., 2019; Kelleher & Murphy, 2022; Miller et al., 2022).

When education on asexuality is available through online resources or interpersonal exchanges, people with asexual identities describe gradual realizations of asexuality as an aspect of their identity (Foster et al., 2019; Kelleher & Murphy, 2022; Yang, 2021; Brandley, 2023). For example, Brandley (2023) recounts one participant’s description of their identification process, “I remember someone mentioning the word asexual in class, and I started to wonder what it meant.

As soon as I heard it, I thought, 'That kinda resonates with me. Something clicks there, and I need to explore this a little bit'" (p. 32). Most studies recounted how people with asexual spectrum identities came to an understanding of their identity only after encountering more information about asexuality including through online resources (Brandley, 2023; Foster et al., 2019; Hammack et al., 2022; Kelleher & Murphy, 2022; Miller et al., 2022), college classes (Brandley, 2023), fiction (Kelleher & Murphy, 2022), friends (Yang, 2021), romantic partners (Brandley, 2023; Kelleher & Murphy, 2022), or family members (Brandley, 2023; Hammack et al., 2022).

Acceptance of asexuality as an identity is frequently described as being accompanied by a sense of relief and self-acceptance (Kelleher & Murphy, 2022; Miller et al., 2022). However, others describe accepting asexuality as an identity as a struggle (Brandley, 2023; Kelleher & Murphy, 2022). For those with multiple intersecting minority identities, acceptance of one's asexual identity is often a more challenging process (Foster et al., 2019; Miller et al., 2022).

Minority Status

Meyer's (2003) minority stress model recognizes that intersectionality has a material influence on mental health outcomes, noting specifically that race, ethnicity, and gender contribute to one's minority status. While there are some indications that youth are increasingly aware of asexuality as a sexual identity (Hammack et al., 2022; Kelleher & Murphy, 2022), many existing social discourses contribute to the relative invisibility of asexuality. Normative ideas around race, gender, sexual attraction, and romantic attraction influence the assumption of an asexual identity (Foster et al., 2019; Hammack et al., 2022; Yang, 2021).

People with asexual spectrum identities are significantly more likely to also identify as gender queer or non-binary than those with other non-heterosexual orientations (Rothblum et al.,

2020), and some research suggests that asexual people who are not cis gender experience more challenges resolving questions about their sexual identity (Foster et al., 2019; Gupta, 2019; Hammack et al., 2022; Miller et al., 2022). Religion, history of trauma, ethnicity, neurodiversity, mental health concerns, weight, and physical health concerns also act as moderators to one's understanding of their asexuality (Foster et al., 2019; Gupta, 2019; Kelleher & Murphy, 2022; Miller et al., 2022; Mollet, 2021).

Evidence of Distal Minority Stressors in People with Asexual Spectrum Identities

The quantitative literature included in this study clearly indicates that people with asexual spectrum identities experience distal minority stressors related to their sexual identity. Chan and Leung (2023) report that nearly two-thirds (64.8%) of their asexual study participants experienced verbal aggression, victimization, or healthcare discrimination in their lifetime. Similarly, when Borgogna et al. (2023) compared rates of recent emotional, physical, and sexual assaults experienced by college students of different sexual and gender minority identities, they found that asexual and demisexual participants were at a significantly greater risk of experiencing emotional assault in the previous twelve months compared to participants with a heterosexual identity. While asexual participants were not at a significant risk, demisexual individuals were at a significantly higher risk of physical and sexual assault when compared with heterosexual participants (Borgogna et al., 2023).

Other research supports the idea that asexual people experience similar levels of prejudice and discrimination as other sexual minorities. When compared to other sexual minorities, Rothblum et al. (2020) found asexual participants report similar levels of everyday discrimination. Similarly, McInroy et al. (2022) observed statistically similar rates of interpersonal prejudice and discrimination in asexual young adults and their sexual minority

peers. Asexual adolescents in McInroy et al., however, reported significantly lower levels of interpersonal prejudice and discrimination when compared to other sexual minority peers. It is possible that age effects have contributed to this result. Students have been observed to have significantly lower rates of experiencing emotional, physical, and sexual assault than non-students, while age was associated with a higher likelihood of experiencing these stressors (Chan & Leung, 2023). This suggests Borgogona et al.'s (2023) and McInroy et al.'s (2022) findings may underrepresent the scope of the distal stressors experienced by adults with asexual spectrum identities.

In the qualitative literature, four dominant social discourses emerge as distal stressors contributing to the prejudice and discrimination experienced by people with asexual spectrum identities: invisibility, compulsory sexuality, the centrality of marriage and family in life scripts, and sexual gender norms.

Invisibility

Decker (2014) characterized asexuality as the invisible orientation, a theme that continues to persist in research findings. Invisibility acts as a distal stressor by increasing the emotional labour of disclosing an asexual identity (Hammack et al., 2022; Kelleher & Murphy, 2022; Miller et al., 2022; Mollet, 2021) and increasing the probability of asexual people experiencing microaggressions based in misunderstandings and misconceptions about asexuality (Foster et al., 2019; Mollet, 2021). People with asexual spectrum identities frequently report having to educate others on asexuality as part of disclosing an asexual identity (Hammack et al., 2022; Kelleher & Murphy, 2022; Miller et al., 2022; Mollet, 2021), and this disclosure is frequently met with dismissal or disappointment (Kelleher & Murphy, 2022; Miller et al., 2022). This is especially challenging for people with identities within the asexual spectrum, such as demisexuality or

graysexuality (Hammack et al., 2022; Mollet, 2021). These stressors increase concealment (Kelleher & Murphy, 2022; Miller et al., 2022; Mollet, 2021) and strain the relationships and mental wellbeing of people with asexual spectrum identities (Miller et al., 2022). On the other hand, Bittle and Anderson (2023) found that attitudes toward asexual people improve when someone is familiar with asexuality or personally knows someone who is asexual. This suggests that increased familiarity with asexuality may disrupt some of the negative judgments that act as distal stressors.

Compulsory Sexuality

One of the factors sustaining the invisibility of asexuality is the social norm of compulsory sexuality. Compulsory sexuality is a term used by asexuality researchers to describe the assumption that all people are sexual beings, desire and pursue sexual relationships, and engage in sexual activity (Chasin, 2013; Gupta, 2015). For people with asexual spectrum identities, this presumption lies at the root of many of their distal minority stressors. A lack of sexual attraction is widely associated with deviance from heteronormative ideals and a negative perception of asexuality (Brandley, 2023; Foster et al., 2019; Kelleher & Murphy, 2022; Miller et al., 2022; Vares, 2022). As one participant in Miller et al. (2022) stated, “[People] don’t understand how you could never have a sexual attraction to another person and can be very rigid about that” (pp. 408).

Ideas of compulsory sexuality are associated with many of the negative judgments people with asexual spectrum identities experience. Beliefs that asexual people are asexual due to mental illness (Cuthbert, 2022; Foster et al., 2019; Kelleher & Murphy, 2022; Mollet, 2021), childhood trauma (Foster et al., 2019), or cannot physically have sex (Brandley, 2023) pathologizes asexuality and echoes ideas that sexuality is essential to healthy function. Similarly,

dehumanizing beliefs that asexual people are unfeeling (Miller et al., 2022), attracted to animals (Brandley, 2023), robotic (Mollet, 2021), or monstrous (Brandley, 2023) position asexual people as separate from or less than human, creating problematic stereotypes. Chan and Leung's (2023) findings suggest encountering these harmful beliefs and stereotypes is a common experience for asexual people. In their study, 35.3% of asexual participants had experienced verbal harassment related to their identity, 46.5% reported being asked excessive or inappropriate questions related to their identity, and 42.1% experienced attempts or suggestions on how to fix or cure their asexuality (Chan & Leung, 2023).

Compulsory sexuality also contributes to the conflation of sexual identity and romantic identity. In many allosexual people, romantic attraction and sexual attraction are considered synonymous (Bogaert, 2015; Diamond, 2003), leading to the omission of open discussions about romantic and aromantic attraction. As a result, asexual and aromantic people face microaggressions on the presumption that sexual activity and romantic love are universally sought (Brandley, 2023). For example, one of Kelleher and Murphy's (2022) participants described feeling compelled to disclose her asexual identity simply to prevent others from making assumptions about her single status and trying to set her up on dates. Woodruff et al. (2023) found that aromantic and sex-repulsed asexuals experience higher rates of microaggressions, and aromantic asexuals experience lower levels of social support. Higher rates of microaggressions and lower levels of social support were both also correlated with lower wellness scores, suggesting rejecting social norms around romanticism has an impact on a person's well-being (Woodruff et al., 2023).

Centrality of Marriage and Family

Similarly, the social norms around the importance of marriage and raising a family act as stressors for people with asexual spectrum identities (Foster et al., 2019; Kelleher & Murphy, 2022; Vares, 2022). These norms emerge in marketing and media messaging, where representations of heteronormative happy families are presented as an expected ideal and path to happiness and a sense of purpose (Kelleher & Murphy, 2022; Vares, 2022).

Religion also plays a role in bolstering the centrality of marriage. The emphasis on procreation in Christianity can add further stressors on Christians with asexual spectrum identities (Foster et al., 2019; Yang, 2021). Initially, Christianity's focus on abstinence outside of marriage can lead to tacit approval of people with asexual spectrum identities or create opportunities for asexual people to conceal their sexual identity (Mollet, 2021; Yang, 2021).

The ideal of the heteronormative happy family becomes particularly problematic when people with asexual spectrum identities are negotiating disclosure of their sexual identity. Family members who hold strong ideas about the importance of marriage and children can become hostile or dismissive towards disclosures of an asexual identity (Foster et al., 2019; Kelleher & Murphy, 2022). For example, one participant in Mollet (2021) reported her mother "told me basically go have fun dying alone" (pp. 5). Similarly, several different participants in Mollet (2021) and Gupta (2019) reported being told they would change their minds about their asexual identity once they met the right partner. These judgments served to undermine the self-knowledge of people with asexual spectrum identities, denying them the right to define their own sexuality (Cuthbert, 2022).

Sexual Gender Norms

Finally, existing gender norms also act to create stressors for people with asexual spectrum identities. People with asexual spectrum identities report a range of gendered

assumptions about sex that impact how they are treated by family, friends, and romantic partners. For men and people with a male gender expression, these norms include an assumption that men will actively seek sexual partners, and to abstain from seeking sex invites suspicion of perversion, sexual deviance, or repressed homosexuality (Cuthbert, 2022). For women and people with a female gender expression, these norms include assumptions that women are disinterested in sex or naturally asexual (Cuthbert, 2022; Gupta, 2019), that women should be sexually available (Cuthbert, 2022; Foster et al., 2019; Gupta, 2019; Yang, 2021), that women will want sex once they get into it (Cuthbert, 2022), and that women should acquiesce to the sexual demands of their partners even if they are not interested in sex (Gupta, 2019). For women of colour and female-presenting women of colour, these assumptions also include racial stereotypes of women of colour as hypersexualized or submissive (Foster et al., 2019).

These sexual and gender norms are associated with some of the most harmful stressors experienced by people with asexual spectrum identities. Beliefs that one's desire for sex will change within a relationship create barriers for asexual people in maintaining social and romantic relationships (Brandley, 2023; Kelleher & Murphy, 2022). This can lead to experiences of rejection (Brandley, 2023) or asexual people participating in consensual but unwanted sexual behaviours (Gupta, 2019). More problematically, these ideas frequently lead to sexual coercion, physical violence, and sexual assault (Cuthbert, 2022; Foster et al., 2019; Gupta, 2019; Mollet, 2021). Multiple participants in Cuthbert (2022), Foster et al. (2019), Gupta (2019), and Mollet (2021) described experiencing sexual assault perpetrated by a partner which they viewed as an attempt to change or correct their sexual identity. As one participant in Kelleher and Murphy (2022) stated, "I'm pretty sure every ace person who I chatted with online has had some experience of someone just saying, 'Will you have sex with me and I will make you all better'"

(pp. 15). Similarly, Cuthbert (2022) quotes one participant who stated, “Most men seem to think they are the one that can convert me. I’m a challenge! I get all the usual questions about what it [asexuality] entails, then the denial from them that it exists and the fact that they will save me from the world of asexuality” (pp. 846). These examples reflect some of the most egregious harms perpetrated towards people with asexual spectrum identities.

These experiences are also reflected in statistics describing the base rates of physical and sexual violence experienced by people with asexual spectrum identities. Chan and Leung (2023) report that 4.3% of the 12,449 asexual people surveyed globally have experienced physical violence or harassment, and 13.4% report having experienced sexual harassment. In their sample, Borgogna et al. (2023) report that, in the past 12 months, 5.9% of the asexual people in their survey experienced physical assault and 7.1% experienced sexual assault. For demisexual individuals, the base rate of physical assault in the past 12 months rose to 9.6% and the base rate of sexual assault rose to 10.6% (Borgogna et al., 2023). Compared to heterosexual individuals, Borgogna et al. (2023) determined that while asexual individuals are at similar risk as heterosexuals of experiencing physical assault (adjusted odds ratio of 1.18) and sexual assault (adjusted odds ratio of 1.04), demisexual individuals are 2.00 times more likely to experience physical assault and 1.63 times more likely to experience sexual assault when compared to heterosexuals.

Evidence of Proximal Minority Stressors in People with Asexual Spectrum Identities

The literature included in this study also revealed that people with asexual spectrum identities experience proximal minority stressors related to their sexual identity. While Brady et al. (2022) demonstrated that asexual students experience a similar fear of heterosexism as other sexual minority students, McInroy et al. (2022) found that internalized LGBTQ-phobia was

significantly higher in asexual participants than other sexual minorities. Similarly, McInroy et al. (2022) report higher levels of perceived stress in asexual participants in both adolescents and young adults, with asexual young adults reporting significantly higher perceived stress than other sexual minorities. These results are echoed by Rothblum et al. (2020), who reported significantly greater felt stigma in their asexual participants compared to participants with other sexual minorities. These results suggest that having an asexual identity does indeed result in proximal minority stress processes.

While proximal stressors vary, four commonalities were noted in the proximal stressors identified in the qualitative literature. People with asexual spectrum identities widely reported feeling illegitimate in their identity. Concealment and fear of stigma remain common concerns for asexual people. Social norms, particularly regarding romance, marriage, family, and children, are often perceived to be unattainable. Finally, navigating relationships and consent presents unique challenges for asexual people. These proximal stressors can create barriers for people with asexual spectrum identities in their acceptance of their sexual identity, act as stressors in their relationships with other people, can be sources of internal distress, and contribute to the ongoing risk of experiencing harm.

Feeling Illegitimate

Similar to Rothblum et al.'s (2020) measures of self-stigma, people with asexual spectrum identities also reported feelings that asexuality is an illegitimate or negative identity (Foster et al., 2019; Kelleher & Murphy, 2022). In many cases, these feelings of asexuality as illegitimate were directly related to experiences of stigma and discrimination (Foster et al., 2019; Kelleher & Murphy, 2022; Mollet, 2021). For example, Kelleher and Murphy (2022) reported participants considering themselves as "less human" (pp. 11) or feeling a "wall" (pp. 11) exists

between themselves and everyone else, experiences which echo stereotypes of asexuality (Brandley, 2023; Miller et al., 2022). In some cases, this caused individuals to struggle with their sense of identity. As one of Kelleher and Murphy's participants explained, "the hyper-critical portion of my brain was like 'no you're not asexual you just have a crap ton of issues'" (pp. 14). For others, experiences of invalidation became internalized as feelings of being inadequate or broken (Mollet, 2021). One of Hammack et al.'s (2022) participants described this, stating "I don't like being touched. I don't like being hugged. People think that there's something wrong with me. I'm assuming that there is something wrong with me because that's not normal." (pp. 199). This dynamic can lead people with asexual identities to fear or assume they will be rejected when disclosing their asexual identity to others (Foster et al., 2019).

Concealment and Fear of Stigma

Navigating disclosure or concealment of one's asexual identity can be a considerable stressor. Rothblum et al. (2020) reported 37% of their asexual participants had disclosed their sexual identity to all family members, 50% had disclosed to all their straight friends, and 16% had disclosed to all co-workers, a similar level of outness as observed in other sexual minorities. People with asexual spectrum identities report a wide variety of reasons for concealing their sexual identity including to fit in (Kelleher & Murphy, 2022), to protect their physical and psychological safety (Mollet, 2021), to avoid being perceived as different or abnormal (Foster et al., 2019; Mollet, 2021), to avoid having to educate others about identity (Mollet, 2021), or out of fears of rejection or dismissal (Kelleher & Murphy, 2022; Mollet, 2021).

This leads people with asexual spectrum identities to be selective about disclosing their sexual identity (Brandley, 2023; Foster et al., 2019; Kelleher & Murphy, 2022; Miller et al., 2022). For some, concealment is seen as easier than disclosure (Mollet, 2021). However,

concealment has also led to feelings of inauthenticity (Mollet, 2021). Across studies, participants often reference how accepting their asexual identity has been a positive experience (Brandley, 2023; Foster et al., 2019; Hammack et al., 2022; Kelleher & Murphy, 2022). Indeed, the barriers to disclosure are typically framed in terms of fear of experiencing stigma and judgment from others (Foster et al., 2019; Kelleher & Murphy, 2022; Mollet, 2021).

In some cases, asexual participants choose to conceal their sexual identity by using other terms, such as queer, or by describing their romantic orientation as a sexual orientation (i.e. heterosexual rather than heteroromantic or bisexual rather than biromantic) (Kelleher & Murphy, 2022; Mollet, 2021). For some, this approach allows people with asexual spectrum identities to evaluate whether or not to disclose their asexual identity. As one participant in Kelleher and Murphy (2022) explained, “I think if you can’t accept the idea of me being romantically attracted to other people of different genders then you are definitely not going to get the ace portion of my life and who I am” (pp. 16).

Social Norms as Unattainable

People with asexual spectrum identities frequently reported ways in which dominant social discourses were perceived as unattainable. In particular, norms around romance, marriage, family, and children can be sources of perceived exclusion (Foster et al., 2019; Kelleher & Murphy, 2022; Vares, 2022). Representations of the heteronormative ideal, the “happy family”, are pervasive in media, advertising, and social discourse (Brandley, 2023; Vares, 2022). People with asexual spectrum identities report feeling sad, angry, and excluded at their nonconformance to this heteronormative ideal (Kelleher & Murphy, 2022; Vares, 2022), describing a sense of being “left behind” (Kelleher & Murphy, 2022, pp. 19) from something perceived to be “a core experience for so many people” (Vares, 2022, pp. 775).

Feeling disconnected from social norms around romance and relationships may account for the propensity of asexual people to reject conventional gender norms (Gupta, 2019). A disproportionate number of transgender, genderqueer, and non-binary individuals identify as asexual (Chan & Leung, 2023; Hammack et al., 2022; McInroy et al., 2022; Rothblum et al., 2020; Woodruff et al., 2023). As one participant in Gupta (2019) explains, “I don’t dress like I’m trying to attract a man. I don’t act a certain way to attract a man. I sort of act the way I do, and if you like it, great, and if you don’t, that’s okay” (pp. 11). Participants in Foster et al. (2019) described the challenges of being perceived as attractive, as this led to concerns about being sexually propositioned. While Gupta (2019) proposes that the role of gender identity in sexual scripts fails to connect with asexual people, the relationship between asexuality and gender expression is not yet fully understood as research on asexuality and gender often presumes a gender binary or fails to include transgender, intersex, gender non-binary, and gender non-conforming individuals in their analysis (for example, Bittle & Anderson, 2019; Foster et al., 2019; Kelleher & Murphy, 2022; Rye & Goldszmidt, 2023; Yang, 2021).

Navigating Relationships and Consent

Finally, people with asexual spectrum identities experience proximal stressors when navigating relationships. Asexual people pursue relationships for similar reasons as allosexual people, including for security and comfort, companionship over one’s lifespan, or to form deep connections with others (Kelleher & Murphy, 2022). Many participants report feeling that rejection is inevitable for people with an asexual spectrum identity (Foster et al., 2019; Kelleher & Murphy, 2022). For example, Kelleher and Murphy describe one participant’s sense of guilt that a relationship without sex would be unfair to their partner. In some cases, this has led asexual people to give up on dating entirely (Kelleher & Murphy, 2022; Vares, 2022).

In other cases, asexual people have viewed sex as an area of compromise (Foster et al., 2019; Mollet, 2021). Consensual and unwanted sex as a result of partner pressure, a sense of obligation, or other social pressures has been widely reported (Foster et al., 2019; Gupta, 2019; Kelleher & Murphy, 2022; Mollet, 2021). Mollet (2021) quotes two participants who describe compromising on sex to appease an allosexual partner:

- “I just do it because—whatever burns calories and my boyfriend likes it...It’s like giving somebody a cookie. They’re happy, so you’re happy.” (pp. 6)
- “it’s like, you eat kale because your best friend really likes making kale dishes. But even then, I’m still kind of grossed out by it. I’m still really grossed out by it.” (pp. 6)

For others, physical and sexual contact is deeply unwanted and unwelcome (Hammack et al., 2022; Kelleher & Murphy, 2022). This leads asexual people to doubt the feasibility of a sexless relationship with a non-asexual partner (Kelleher & Murphy, 2022; Vares, 2022). As one participant in Kelleher and Murphy explains, “the vast majority of human beings aren’t willing to like put up or understand you and that is a very hard feeling to live with this like the notion that there’s something wrong with you and it’s never going to go away and it’s never going to get better” (pp. 17).

Coping and Social Support

Asexual research participants clearly articulated a number of important sources of social support. Online communities were widely noted to be valued sources of social connection, comfort, community, and paths to self-discovery (Brandley, 2023; Foster et al., 2019; Kelleher & Murphy, 2022; Miller et al., 2022; Vares, 2022). Among these online communities, the Asexual Visibility and Education Network (AVEN; Asexual Visibility and Education Network, 2023) continues to remain among the most important sources of information and support for people

with asexual spectrum identities (Brandley, 2023; Foster et al., 2019; Kelleher & Murphy, 2022). The sense of shared experience created by connecting with others who have asexual spectrum identities is described as supportive, meaningful, and validating (Foster et al., 2019; Mollet, 2021). One participant in Brandley (2023) describes how "nice it is to be able to talk to somebody that gets it. Not just gets it, but also has different perspectives" (p. 35). However, not all people with asexual spectrum identities report feeling welcome in online communities. Foster et al. (2019), whose research focused on the experiences of people of colour, report that some of their participants struggle with the assumptions of Whiteness and racism present in asexual communities, further noting a lack of asexual communities for people of colour.

For those who have access, in-person asexual support groups have also been an important source of connection and community (Brandley, 2023; Foster et al., 2019; Kelleher & Murphy, 2022; Vares, 2022). However, these authors also noted that other participants in their studies had little or no face-to-face contact with other people with asexual spectrum identities (Foster et al., 2019; Kelleher & Murphy, 2022; Vares, 2022). Although both asexual people and other LGBTQ+ identities often find support in LGBTQ+ community spaces and support groups (Rothblum et al., 2020), Mollet (2021) noted that some LGBTQ+ spaces were also experienced as being unwelcoming to people with asexual spectrum identities. As one participant explained, "I feel, at least slightly, worried about encountering gate keeping [in LGBT spaces]. At least in the sense of like, 'You're not queer enough or you're not blank enough to be a part of this community'" (Mollet, 2021, p. 9). Participating in sexual and gender diverse student groups was also associated with increased fear of heterosexism, suggesting that participating in these organizations may raise the salience of the student's minority identity, expose students to more examples of discrimination on the basis of sexual or gender identity, or both (Brady et al., 2022).

Experiences of social support from friends and family members were similarly mixed. In a few cases, friends and family members were described as important social supports (Kelleher & Murphy, 2022; Yang, 2021). In many other cases, however, friends and family members were experienced as extremely disconfirming (Brandley, 2023; Foster et al., 2019; Gupta, 2019; Kelleher & Murphy, 2022; Miller et al., 2022; Mollet, 2021; Yang, 2021). While asexual communities are not experienced as universally welcoming, these experiences reinforce the importance of shared interaction with others with asexual spectrum identities advocated by some researchers (Kelleher & Murphy, 2022; Mollet, 2021).

Mental Health Outcomes

While most research on the mental health outcomes of people with asexual spectrum identities is descriptive or correlational, the existing literature indicates that asexual, demisexual, and gray-asexual people face a heightened probability of also experiencing poor mental health outcomes. McInroy et al. (2022) report that, compared to other sexual minority youth, asexual adolescents report significantly higher anxious, depressive, and somatic symptoms, with asexual young adults reporting significantly higher depression, somatization, and perceived stress. Asexual young adults also reported significantly greater suicidal ideation than their peers with other sexual identities, although the rate of suicide attempts was similar in asexual youth and their sexual minority peers (McInroy et al., 2022). Similarly, Chan and Leung (2023) reported that experiencing emotional, physical, or sexual abuse has been associated with greater suicidal ideation, suicide plans, and suicide attempts in people with asexual spectrum identities. Similarly, Borgogna et al. (2023) noted that emotional, physical, and sexual assault are all significantly and positively correlated with depressive symptoms in all sexual and gender minority youth, with the strongest correlation noted in demisexual individuals. Woodruff et al.

(2023) further noted a significant negative correlation between wellness and the experiences of microaggressions. Taken together, these studies suggest that not only are people with asexual spectrum identities at risk of experiencing mental health challenges but also that these challenges correlate with experiences of proximal and distal stressors. That is, these studies suggest that mental health challenges increase when people with asexual spectrum identities experience stigma and discrimination.

Conclusions on the Application of Meyer's (2003) Minority Stress Model to the Experiences of People with Asexual Spectrum Identities

Overall, Meyer's (2003) minority stress model is a useful framework for describing the forces of stigma and discrimination experienced by people with asexual spectrum identities. The dominant processes described in Meyer's (2003) model are supported by the literature on people with asexual spectrum identities. As evidenced by the above framework synthesis, the existing literature on people with asexual spectrum identities supports the ideas that this population experiences stress related to their minority identity, that the intersectionality of their minority status identities contributes to their experiences of stigma and discrimination, that there are unique proximal and distal stressors that create experiences of stigma and discrimination, that coping and social support may moderate the effects of other stressors, and that the holistic experience of this sexual identity is likely to contribute to the mental health outcomes experienced by people with asexual spectrum identities.

To augment Meyer's (2003) framework, however, this analysis has further derived themes describing the types of distal and proximal stress processes experienced by people with asexual spectrum identities. While Meyer references discrimination and violence as distal stressors, this analysis suggests there are other forces that contribute to prejudice events. The

relative invisibility of asexuality and the underlying norms of compulsory sexuality, the centrality of marriage and family, and sexual gender norms significantly contribute to the stigma and discrimination experienced by people with asexual spectrum identities. Similarly, while Meyer references the expectations of rejection, concealment, and internalized homophobia as common proximal stress processes, people with asexual spectrum identities experience both similar and different proximal stress processes. While concealment and the fear of stigma are similarly important to both asexual people and people with other sexual minority identities, people with asexual spectrum identities also struggle with feelings of illegitimacy and navigating relationships and consent. Similarly, the feeling that social norms are unattainable experienced by people with asexual spectrum identities shares commonalities with Meyer's ideas of internalized homophobia and expectations of rejection.

However, it should also be noted that some of the support for this model is based on research that presumes sexual identity is a factor contributing to experiencing stigma, discrimination, or violence. All nine articles including quantitative data (Bittle & Anderson, 2023; Borgogna et al., 2023; Brady et al., 2022; Chan & Leung, 2023; Hammack et al., 2023; McInroy et al., 2022; Rothblum et al., 2020; Rye & Goldszmidt, 2023; Woodruff et al., 2023) rely on descriptive statistics or correlational research to establish relationships between people with asexual spectrum identities and their experience of stigma and discrimination. The overreliance on convenience samples (Bittle & Anderson, 2023; Borgogna et al., 2023; Brady et al., 2022; Chan & Leung, 2023; McInroy et al., 2022; Rye & Goldszmidt, 2023; Woodruff et al., 2023) and purposeful sampling (Brandley, 2023; Foster et al., 2019; Cuthbert, 2022; Gupta, 2019; Hammack et al., 2022; Kelleher & Murphy, 2022; Miller et al., 2022; Mollet, 2021; Vares, 2022; Yang, 2021) create risks of selection bias and volunteer bias (Walters, 2021). This may

lead to the oversampling of research participants whose asexual spectrum identity has greater salience to their self-concept rather than reflecting a more inclusive range of experiences. Although all findings indicate people with asexual spectrum identities experience similar or greater levels of stigma, discrimination, and violence as other sexual minority identities (Borgogna et al., 2023; McInroy et al., 2022; Rothblum et al., 2020) and greater levels of stigma, discrimination, and violence than heterosexual and cisgender individuals (Borgogna et al., 2023), there is insufficient evidence to conclude that their minority sexual identity is the causal factor. Additionally, few of the qualitative articles included in this study were explicitly investigating experiences of stigma and discrimination, with these experiences being derived from research exploring asexual identity development and management (Brandley, 2023; Hammack et al., 2022; Kelleher & Murphy, 2023; Mollet, 2021), heteronormativity (Vares, 2022), gender and asexuality (Cuthbert, 2022; Gupta, 2019; Hammack et al., 2022; Yang, 2021), and wellbeing (Miller et al., 2022). While this does not invalidate the experiences of stigma and discrimination described in these studies, it invites curiosity about what other experiences may have emerged had the discussion more directly focused on stigma and discrimination.

Ethical Considerations

In Canada, research with human subjects is typically conducted in compliance with the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* [TCPS2] (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council, 2018). The TCPS2 contains comprehensive ethical guidelines for research with an intent to uphold its three core principles of respect for persons, concern for welfare, and justice. The guidelines contained in the TCPS2 thus

form the basis for critiquing the ethical research practices of the articles selected for inclusion in this study.

Review by a Research Ethics Board

Article 2.1 of the TCPS2 requires that all research including living human participants be reviewed and approved by a research ethics board prior to commencement of the research (Canadian Institutes of Health Research et al., 2018, p.13). Ten of the 18 included articles (Brandley, 2023; Cuthbert, 2022; Gupta, 2019; Hammack et al. 2022; Kelleher & Murphy, 2022; McInroy et al., 2020; Miller et al., 2022; Rothblum et al., 2020; Woodruff et al., 2023; Yang, 2021) clearly specified that they received approval from their institution's ethics review board prior to their study. Three of these studies (Gupta, 2019; Kelleher & Murphy, 2022; Woodruff et al., 2023) recruited participants from AVEN and noted that the organization's research approval board also reviewed and approved their study. Chan and Leung (2023) noted that their institution's review board did not require a review of their study as they used an existing data set to conduct their analysis. In the remaining seven studies (Bittle & Anderson, 2023; Borgogna et al., 2023; Brady et al., 2022; Foster et al., 2019; Mollet, 2021; Rye & Goldszmidt, 2023; Vares, 2022), their research ethics review process was not discussed.

Research Involving Communities

Article 2.11 of the TCPS2 recommends that when researchers intend to conduct research based on membership in specific communities, researchers should consider the guidance in Chapter 9 of the TCPS when appropriate (Canadian Institutes of Health Research et al., 2018, p. 24). In the discussion supporting this article, the TCPS2 specifies that including community members in the research team to ensure that the research is conducted respectfully. If one considers people with asexual spectrum identities as a unique community, the engagement of

researchers with the asexual community may be considered part of ethical research design. Four of the 18 included studies (Brandley, 2023; Cuthbert, 2022; Miller et al., 2022; Mollet, 2021) included asexual spectrum researchers within their research team. Foster et al. (2019) mentioned the inclusion of people of colour in their research team, identities which were relevant to the intersectional nature of their study. Three research teams (Gupta, 2019; Hammack et al., 2022; Kelleher & Murphy, 2022) mentioned their allyship or actions taken to familiarize themselves with the asexual community prior to their research. The remaining ten studies (Bittle & Anderson, 2023; Borgogna et al., 2023; Brady et al., 2022; Chan & Leung, 2023; McInroy et al., 2020; Rothblum et al., 2020; Rye & Goldszmidt, 2023; Vares, 2022; Woodruff et al., 2023; Yang, 2021) did not discuss the research team's relationship to the asexual community. Understanding the research team's knowledge of and interactions with the asexual community provides information on the biases shaping their research methods, instruments, and analysis. Insufficient self-reflexivity on the part of researchers can lead to measurement bias (Bond, 2018; Cain et al., 2019; Mena et al., 2019), and operational definitions of variables or analysis of results which further entrenches systemic biases (Broesche et al., 2020; Diemer et al., 2023; Mena et al., 2019). While it may be expedient for a research team to exclude people from their population of interest in the research team, this increases the risk that the research will result in unintended harm to a minority community or to the researcher themselves (Broesch et al., 2020; Shaw et al., 2019).

It should also be noted that three of the research teams (Brandley, 2023; McInroy et al., 2020; Vares, 2022) chose to explicitly thank their research participants as part of their acknowledgements. This small act reflects the researchers' adherence to the principle of justice, an attempt to share recognition and the benefits of research.

Consent Shall Be Given Voluntarily

Under article 3.1, the TCPS2 states that consent shall be given voluntarily, can be withdrawn at any time, and that participants can request the withdrawal of their data if consent if withdrawn (Canadian Institutes of Health Research et al., 2018, p. 28). The voluntary nature of consent requires that the consent is free of undue influence or coercion. While most studies did not explicitly discuss how the voluntary nature of consent was protected, some studies mentioned circumstances which may give rise to concerns about voluntary consent. In Rye and Goldszmidt (2023), the researchers noted that participants were awarded course credit for their participation. Under the TCPS2, this would be considered undue influence if no comparable alternative to participation is offered (Canadian Institutes of Health Research et al., 2018). Similarly, Bittle and Anderson (2023) and Mollet (2021) recruited students at the universities where they were employed as faculty during the study. No information about the researchers' relationship to their research subjects was specified in these studies, making it difficult to assess whether the professor/student power dynamic may have influenced the students' consent to participate. Although including student participants as research subjects is convenient for research professors, when the researcher has influence over the students' academic outcomes this power dynamic reduces participant autonomy, reducing the efficacy of the informed consent process in enabling participants to make judgments about the risks and benefits of participating in research (Grady, 2015).

Five studies (Hammack et al., 2023; McInroy et al., 2020; Miller et al., 2022; Rothblum et al., 2020; Woodruff et al., 2023) included financial incentives to participate in the research studies. When specified, incentives varied in amount from $20 to $80. The TCPS2 specifies that the policy neither recommends nor discourages incentives but relies on the researchers to justify to their review board that the compensation is not large enough to constitute undue influence

(Canadian Institutes of Health Research et al., 2018). As all studies that reported providing financial incentives to participants specified that they received approval from their institutional review board, it may be assumed that the review boards agreed that the financial incentives were suitable. Only one study (Kelleher & Murphy, 2022) specifically noted that no compensation was provided to participants. Nine studies (Borgogna et al., 2023; Brady et al., 2022; Brandley, 2023; Chan & Leung, 2023; Cuthbert, 2022; Foster et al., 2019; Gupta, 2019; Vares, 2022; Yang, 2021) did not discuss any incentives or situations which may constitute undue influence.

Consent Shall Be Informed

In article 3.2, the TCPS2 specifies that researchers must provide all information necessary for making an informed decision to participate in a research study (Canadian Institutes of Health Research et al., 2018, p. 30). Eight of the included studies (Bittle & Anderson, 2023; Brandley, 2023; Chan & Leung, 2023; Cuthbert, 2022; Hammack et al., 2022; Kelleher & Murphy, 2022; Rothblum et al., 2020; Rye & Goldszmidt, 2023) specified receiving informed consent from their research participants. In McInroy et al. (2020), a note about their institutional review board's acceptance of a waiver for parental consent due to risks associated with the disclosure of participants' sexual identity was included, suggesting that the research team included an informed consent process. The remaining seven studies (Borgogna et al., 2023; Brady et al., 2022; Foster et al., 2019; Gupta, 2019; Miller et al., 2022; Mollet, 2021; Vares, 2022; Woodruff et al., 2023; Yang, 2021) did not include information about informed consent. Although the process of collecting informed consent can be costly and administratively challenging, the informed consent process protects participants from experiencing undue harm and protects the autonomy of research participants (Gelinas et al., 2016). While there is debate among researchers about the amount of information a participant should be required to

understand before participating in research, researchers consider it important that informed consent includes a discussion of the risks associated with participating in the study, information about the nature of the study, assurances of one's freedom to withdraw from the study, and provides contact details of the research team (Xu et al., 2020).

Consent Shall Be an Ongoing Process

In article 3.3, the TCPS2 requires that consent be maintained throughout the project (Canadian Institutes of Health Research et al., 2018, p. 33). Three studies included indications that consent was treated as an ongoing process, by noting participants where consent was withdrawn after initial data collection (Rye & Goldszmidt, 2023), indicating that participants received instructions indicating they may skip all or part of the survey (Chan & Leung, 2023), or specifying that participants were informed of their right to withdraw consent (Kelleher & Murphy, 2022). While other research teams may have treated consent as an ongoing process, none of the remaining studies (Bittle & Anderson, 2023; Borgogna et al., 2023; Brady et al., 2022; Brandley, 2023; Cuthbert, 2022; Foster et al., 2019; Gupta, 2019; Hammack et al., 2022; McInroy et al., 2020; Miller et al., 2022; Mollet, 2021; Rothblum et al., 2020; Vares, 2022; Woodruff et al., 2023; Yang, 2021) included any information about how they ensured consent was maintained throughout the project.

Decision Making Capacity

Article 3.9 of the TCPS2 outlines the conditions under which individuals who lack capacity to consent can participate in research (Canadian Institutes of Health Research et al., 2018, p. 44). Three articles (Hammack et al., 2022; McInroy et al., 2022; Miller et al., 2022) included participants aged 14-18 in their studies, ages where participants do not have the ability to provide legal consent. While this situation would typically require consent from a third party,

in two of these studies (Hammack et al., 2022; McInroy et al., 2022), the researchers specified that their institutional review boards waived the requirement for parental consent due to risks about disclosing sexual orientation and that assent was sought from the youth. None of the studies discussed any special procedures taken to ensure the protection of the interests of the youth involved. While seeking waivers on parental consent to protect youth participants from the risk of parental victimization, abuse, or rejection is an established best practice when working with sexual and gender minority youth, researchers are also urged to consider how the methods used may unintentionally disclose a participant's minority sexual identity and to explicitly inform young participants about any situations which could necessitate disclosure of identifying information, such as suicidality or abuse (Schrager et al., 2019).

Appropriate Inclusion

Under article 4.1 of the TCPS2, researchers must not exclude individuals from participating in research unless there is a valid reason for the exclusion (Canadian Institutes of Health Research et al., 2018, p. 49). While most of the studies included a range of ethnicities and gender identities, some studies systematically excluded participants for reasons that are not clear based on the nature and context of the research. Foster et al. (2019) excluded one male respondent, citing the intention to include his responses in a future study. Although Woodruff et al. (2023) recruited a global sample for their study, they subsequently chose to exclude all non-residents of the United States to reduce the impact of culture on their results. This suggests that preliminary analysis may have revealed cross-cultural patterns of interest, which were not published and may constitute inappropriate exclusion on basis of culture. Rothblum et al. (2020) was framed as a subgroup analysis of a larger longitudinal study which attempted to recruit a representative sample. However, the choices made to frame the larger study led to questionable

exclusion of transgender people, people of ages outside the target cohorts, and people of ethnic backgrounds other than White, Black, Latino, or multiracial. Furthermore, to be included in this analysis, people with asexual spectrum identities would have been required to identify as "lesbian, gay, bisexual, queer, [or] same-gender loving" (Rothblum et al., 2020, p. 6). These exclusions, Rothblum et al. note, "should lead to some caution in interpreting our results" (p. 10).

Confidentiality

In the TCPS2, articles 5.1 through 5.7 establish requirements for the protection of the privacy and confidentiality of research participants through appropriate collection and safeguarding of identifiable information (Canadian Institutes of Health Research et al., 2018, p. 60-67). To meet these ethical standards, seven of the included articles specified the de-identification of data (Foster et al., 2019) or use of pseudonyms (Gupta, 2019; Hammack et al., 2022; Kelleher & Murphy, 2022; Miller et al., 2022; Mollet, 2021; Vares, 2022) to anonymize information. Two of these articles further noted technological safeguards used to protect research data, including passwords and encryption (Foster et al., 2019) and the use of secure servers in transmitting data (Hammack et al., 2022). The remaining studies (Bittle & Anderson, 2023; Borgogna et al., 2023; Brady et al., 2022; Brandley, 2023; Chan & Leung, 2023; Cuthbert, 2022; McInroy et al., 2020; Rothblum et al., 2020; Rye & Goldszmidt, 2023; Woodruff et al., 2023; Yang, 2021) provided no information on how participant confidentiality and privacy was maintained in their study. While the open science movement has encouraged researchers to more publicly share data, disseminating data while working with vulnerable populations poses significant risks to participant safety (Campbell et al., 2019). As such, attending to confidentiality and anonymity is critical to respecting the ethical principle of least harm (Nneoma et al., 2023).

Researcher Conflicts of Interest

Finally, article 7.4 of the TCPS2 specifies that researchers shall disclose real, potential, or perceived conflicts of interest which may impact their research (Canadian Institutes of Health Research et al., 2018, p. 96). Twelve of the studies (Borgogna et al., 2023; Brady et al., 2022; Chan & Leung, 2023; Cuthbert, 2022; Gupta, 2019; Hammack et al., 2022; Kelleher & Murphy, 2022; McInroy et al., 2020; Rothblum et al., 2020; Rye & Goldszmidt, 2023; Vares, 2022; Yang, 2021) included a statement declaring the researchers had no conflicts of interest and specifying the nature of any funding or financial support received for their study. Miller et al. (2022) declared no conflicts of interest but did not specify their funding sources. Woodruff et al. (2023) declared their funding sources but did not discuss any conflicts of interest. Four studies (Bittle & Anderson, 2023; Brandley, 2023; Foster et al., 2019; Mollet, 2021) provided no explicit discussion of potential conflicts of interest or information about the funding received for their research. In lieu of disclosure, it is difficult to determine whether these studies were subject to financial, academic, economic, or interpersonal forces that may have influenced these researchers to prioritize their own interests over those of the research participants (Drolet et al., 2023).

Conclusions on Ethical Considerations

While none of the articles included in this study discussed all of the ethical standards included in the TCPS2 (Canadian Institutes of Health Research et al., 2018), it should be noted that the lack of discussion is not evidentiary of a lack of consideration for these ethical issues. Indeed, in most cases we can only conclude that there is insufficient information provided on the ethical research practices used in these studies. All the included articles provided at least some information on research ethics, although discussion was very limited in some cases (for example,

Borgogna et al., 2023; Brady et al., 2022). That said, none of the included articles contained strong indications of unethical research behaviour and were deemed acceptable for inclusion in the current study.

Conclusion

In this chapter, I have discussed how Meyer's (2003) minority stress model can be used to describe the stigma and discrimination experienced by people with asexual spectrum identities. While prior research indicated that people with asexual spectrum identities do experience varying forces that result in stigma and discrimination, little systematic research had compared these experiences to frameworks used with other minority sexual identities. In completing this framework analysis based on the minority stress model, I emphasized the challenges this population experiences when coming to understand their sexual identity, how other minority identities such as ethnicity and gender influence one's experience of being asexual, the distal and proximal minority stressors faced by this population, the range of experiences with social support, and the relationship between asexuality and mental health outcomes. While the minority stress model was a useful framework for presenting the interaction of stressors experienced by people with asexual spectrum identities, this research does presume that sexual identity is salient to a person's self-concept. Nonetheless, the minority stress model provided a means of differentiating between the objective and subjective forces that contribute to experiences of stigma and discrimination. This model also has the potential to allow the stressors experienced by people with asexual spectrum identities to be examined against the existing literature on other sexual minority identities, opening opportunities for future exploration of this topic. Finally, this chapter concluded with a critique of the research ethics of the articles included

in this study. While some ethical gaps were identified, all articles were deemed acceptable for inclusion based on the methodological information provided in these studies.

Chapter Four: Clinical Application

This chapter will explore how the results of the current study can be applied to clinical practice. This includes a discussion of the clinical and therapeutic applications of the minority stress model, addressing the distal and proximal stressors common to people with asexual spectrum identities and the importance of coping and social support in building resiliency. Finally, this chapter concludes with a discussion of some of the broader applications of this research to non-clinical settings, such as education, media, and governmental organizations.

Clinical and Therapeutic Applications

Mental Health Outcomes of People with Asexual Spectrum Identities

When working with people with asexual spectrum identities, clinicians should be aware of the additive and unique stressors that are associated with having a minority sexual identity (Meyer, 2003). These psychosocial stressors increase the prevalence of adverse mental health outcomes in people with sexual minority identities (Borgogna & Aita, 2023; de Lange et al., 2022; Mongelli et al., 2019; Rogers et al., 2021; Ronzón-Tirado et al., 2023; Veale et al., 2017; Walch et al., 2016). For people with asexual spectrum identities, asexuality has been associated with elevated base rates of anxiety, depression, somatization, suicidal ideation, and suicide attempts (Borgogna et al., 2023; Chan & Leung, 2023; McInroy et al., 2022).

Using the Minority Stress Model

The Meyer (2003) minority stress model has been widely explored in therapeutic applications with other sexual and gender minority populations. If we accept that the experiences of stigma and discrimination in people with asexual spectrum identities largely adheres to Meyer's model, it is probable that many of these interventions (for example, Chaudoir et al.,

2017; Lange, 2020; Pachankis et al., 2023; Westmacott & Edmondstone, 2020) to alleviate minority stress processes would also be applicable to people with asexual spectrum identities.

However, applying Meyer's (2003) model to experiences of stigma and discrimination also helps clinicians differentiate between stressors resulting primarily from the client's experience of stigma and discrimination in the environment and the ways stigma and discrimination are internalized. While both can present as clinical issues, differentiating between distal and proximal stressors is important to the ethical treatment of clients with asexual spectrum identities.

Addressing Distal Stressors in People with Asexual Spectrum Identities

In this study, four types of distal stressors were identified: invisibility, compulsory sexuality, centrality of marriage and family, and sexual gender norms. These stressors are based in expectations and social discourses which exist at the interpersonal, institutional, and systemic levels. It is thus incumbent on the ethical therapist to be aware of the impact of these social forces on their clients. Indeed, in the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association [CPA], 2017), the first standard for the principle of respect for the dignity of persons and people asks psychologists to "demonstrate appropriate respect for the knowledge, insight, experience, areas of expertise, and cultural perspectives and values of others, including those that are different from their own, limited only by those that seriously contravene the ethical principles of this Code" (p. 12). In order to honor this principle, one must be aware of how stigmatizing distal stressors including allonormativity and sexual normativity impact clients with asexual spectrum identities.

Addressing Invisibility

In their meta-analysis of discrimination towards sexual minorities in health care settings and resulting health inequities, Ayhan Balik et al. (2020) conclude that "the attitudes of health care professionals are one of the primary problems that [sexual and gender minority] individuals experience in health services" (p. 58). These authors point out the importance of access to training and education on the health care needs of sexual and gender minority individuals (Ayhan Balik et al., 2020). While 69.6% of counselling psychology trainees report that they received training on asexuality, these new counselling psychologists also stressed that they felt asexual spectrum identities were omitted or overlooked in their human sexuality curriculum (Abbott et al., 2023). As such, clinicians should strive to educate themselves on asexuality beyond what is included in their university training to work competently with asexual people.

Addressing Compulsory Sexuality

In this training, clinicians should strive to understand their beliefs about the presumption that human sexuality is necessary for healthy functioning. Beliefs around compulsory sexuality can lead to pathologizing and dehumanizing of people with asexual spectrum identities (Brandley, 2023; Foster et al., 2019; Kelleher & Murphy, 2022; Miller et al., 2022; Vares, 2022). Clinicians should take particular care to consider asexuality as a differential diagnosis when considering female sexual arousal/interest disorder or male hypoactive sexual desire disorder (American Psychiatric Association, 2013). Research into these disorders and interventions continues to ignore the guidance in the *Diagnostic and Statistical Manual of Mental Disorders, 5th edition* (DSM-5) to consider asexuality when making these diagnoses, with researchers (for example, Brotto et al., 2021; Cabello-Santamaría et al., 2020; Koops et al., 2023; Mills et al., 2022; Rosen et al., 2020) failing to consider asexuality in their exclusion criteria or assessment instruments. One of these lead authors, Lori A. Brotto, is also a prominent asexuality researcher

(Brotto, 2010; Brotto & Yule, 2017; Yule et al., 2015). While it is possible that Brotto et al. (2021) did consider asexuality in their research, this example highlights how frequently asexuality is overlooked as an explanation even by well-educated clinicians and researchers. As such, clinicians must also use caution when selecting assessment instruments and interventions for sexual desire disorders as these may not consider asexuality as a valid explanation for distress.

Addressing the Centrality of Marriage and Family and Sexual Gender Norms

Like compulsory sexuality, social discourses around marriage, family, and gender norms also have the potential to negatively impact people with asexual spectrum identities. Considering the intersectionality of asexuality and other minority identities including ethnicity and religion will be important in understanding the role of family and gender norms in a client's life (Foster et al., 2019; Yang, 2021). Expectations of family members and close friends can be sources of distress where allonormative belief systems preclude an asexual person's identity or preferred way of living (Cuthbert, 2022; Foster et al., 2019; Gupta, 2019; Kelleher & Murphy, 2022; Mollet, 2023). In these cases, it is important for clinicians to take an identity-affirmative approach to exploring the client's own values and beliefs (Pachankis, 2018).

Clinicians should also be mindful that people with asexual spectrum identities hold heterogenous ideas about sexuality and romance (Brotto & Yule, 2017; Copulsky & Hammack, 2023; Mollet, 2020; Steelman & Hertlein, 2016). Considering one's own biases with respect to marriage, family, relationships, romance and sexuality is critical to avoid perpetuating microaggressions when working with asexuals, particularly aromantic and consensually non-monogamous clients who often experience heightened levels of microaggressions (Herbitter et al., 2021; Woodruff et al., 2023). Indeed, a thorough understanding of one's own biases can

provide opportunities to engage in therapeutic microaffirmations, further disrupting stigmatizing and discriminatory narratives (Anzani et al., 2019).

Addressing Proximal Stressors in People with Asexual Spectrum Identities

Unlike distal stressors, proximal stressors are internalized experiences of stigma and discrimination. In the current study, these include feeling illegitimate, concealment and fear of stigma, social norms as unattainable, and navigating relationships and consent. Each of these areas, if raised by a client with an asexual spectrum identity, could be an area for therapeutic intervention.

Feeling Illegitimate

Feelings of illegitimacy relate to the relative lack of visibility of asexuality as a sexual identity. Clients may experience uncertainty and stress related to their minority identity simply because it is less acknowledged and discussed (Foster et al., 2019). For the clinician, this presents an opportunity to validate the identity. Where doubt persists, use of the Asexuality Identification Scale (Yule et al., 2015) as an assessment may provide a sense of validity and legitimacy to a client with an asexual spectrum identity. As a disproportionate number of people with asexual spectrum identities are also transgender, gender fluid or non-binary, use of tools such as the Genderbread Person (Killerman, 2017) may be helpful to explore identity along spectrums of gender identity, gender expression, sexual attraction, romantic attraction, and anatomical sex.

Concealment and Fear of Stigma

Concealment and fear of stigma may be based in a legitimate coping strategy to maintain physical and psychological safety when there is an expectation of hostility or discrimination (Mollet, 2023). However, concealment of a minority sexual identity has also been associated

with a small increase in the probability of experiencing internalizing mental health problems, including depression, anxiety, stress, and eating disorders (Livingston et al., 2020; Pachankis et al., 2020). Indeed, a minority of people with asexual spectrum identities disclose this identity to family members and co-workers (Rothblum et al., 2020). Clinicians can have an important role in supporting clients in making decisions about sexual identity disclosure, including helping a client weigh the risks and benefits of disclosure in different contexts, strategizing and practicing disclosure conversations, and identifying coping strategies should others react negatively (Matsuno, 2019).

Social Norms as Unattainable

Feeling that social norms are unattainable can lead to feelings of sadness, anger, and exclusion (Kelleher & Murphy, 2022; Vares, 2022). As this distress is located at the intersection of the person and social discourse, LGBTQ affirmative therapy and queer theory interventions around deconstructing ideas of normality and disrupting allonormative discourses can highlight the systemic ways these messages impact the client (McGeorge et al., 2020). Similarly, feminist therapy addresses systemic forces through interventions based in collective action and personal empowerment which have been associated with improvements in positive affect and subjective well-being (Conlin et al., 2021).

Navigating Relationships and Consent

Finally, clinicians should be aware that, like other sexual minority identities, asexuality is associated with elevated risks of physical and sexual violence (Borgogna et al., 2023; Chan & Leung, 2023). The pervasive belief that a relationship will change one’s desire for sex creates significant distress for people with asexual spectrum identities when forming and maintaining relationships (Brandley, 2023; Kelleher & Murphy, 2022). Asexual people may choose to

participate in consensual but unwanted sexual behaviours to appease an allosexual partner (Gupta, 2019; Mollet, 2021). However, discourses around compulsory sexuality often lead to sexual coercion, physical violence, and sexual assault against people with asexual spectrum identities (Cuthbert, 2022; Foster et al., 2019; Gupta, 2019; Mollet, 2021). To support clients with asexual spectrum identities, clinicians have a role in both addressing trauma related to sexual coercion and assault and educating clients about negotiating consent within their boundaries around intimate behaviours.

Coping and Social Support

In his 2003 model, Meyer conceived of coping and social support as ways of capturing the effects of individual and community resilience which moderate the impact of minority stress processes (Meyer, 2015). In this study, the social environment has been a source of both resilience and exclusion. Connecting with others who have asexual spectrum identities has frequently been a valuable source of support for people who identify as asexual (Brandley, 2023; Foster et al., 2019; Kelleher & Murphy, 2022; Miller et al., 2022; Vares, 2022). However, some people of colour have reported feeling excluded or unwelcome in online asexual communities (Foster et al., 2019). Similarly, although some asexual people have found support in LGBTQ+ community spaces (Rothblum et al., 2020), others have encountered exclusionary behaviours (Mollet, 2021). For clinicians recommending support groups and community resources to clients with asexual spectrum identities, it is important to first explore the organization's willingness to accept asexual people as part of their community in order to maximize benefit and minimize harm when making referrals (Canadian Psychological Association, 2017).

Using the Current Research Findings in Other Settings

While clinicians certainly have an important role in advancing equitable care for people with asexual spectrum identities, the current findings have the potential to contribute to broader social and institutional organizations.

Applications to Education

One of the major barriers to social inclusion discussed by people with asexual spectrum identities is the relative absence of awareness of asexuality as a sexual identity. As a result, people with asexual spectrum identities struggle with the responsibility of educating others about asexuality (Hammack et al., 2022; Kelleher & Murphy, 2022; Miller et al., 2022; Mollet, 2021). This poses a barrier for people with asexual spectrum identities in understanding their own sexual identity and demands additional emotional labour in order to disclose an asexual identity to others (Hammack et al., 2022; Kelleher & Murphy, 2022; Miller et al., 2022; Mollet, 2021).

One solution to reducing the impact of invisibility of asexuality as a distal minority stress process is to include asexuality in school curriculums. Brandley (2023) discusses the affirmative impacts that college gender studies classes have when including asexuality in their curriculum and argues that challenging allonormative and cisheteronormative ideas of sexuality allows for increased awareness and representation in academic spaces. Mollet (2023) likewise argues that identity affirmative spaces in higher education, including within curriculum, residence halls, orientation sessions, health centers, counseling centers, libraries, faculty and staff training, and wellness centers, is part of providing a safe and inclusive campus experience for asexual students.

Unfortunately, discussions on sexual and gender minority identities in educational settings has become an increasingly divisive issue despite clear evidence of the benefits of identity affirmative environments reducing self-harm and suicidality in sexual minority youth

(Saewyc et al., 2020). In absence of inclusive discussions of sexual identity, researchers warn that educational spaces risk reinforcing heteronormative ideas which continue to marginalize individuals with sexual minority identities (Kokozos & Gonzalez, 2020; Nash & Browne, 2021). While this study's findings support movements towards inclusive and identity-affirmative education, it should also be noted that individual educators also have the power to create positive change for sexual and gender minority youth. A supportive and caring teacher can significantly reduce the likelihood of a child experiencing social-emotional and educational difficulties, even when a sexual minority student has experienced victimization (Konishi & Saewyc, 2013).

Application to Communications and Media

Representations of asexuality across media have been frequently criticized for upholding harmful pathologizing and allonormative narratives (Brandley, 2023; Döring et al., 2022; Filipová & Šafárik, 2021). In their critique of media discourses on asexuality, Filipová & Šafárik (2021) point out the repetitive disconfirming exchanges Asexual Visibility and Education Network founder David Jay has experienced as a guest on talk shows. The exchanges captured in Filipová & Šafárik echo many of the microaggressions reported by asexual research participants, including include invalidating asexuality as a sexual identity (Deutsch, 2018; Gupta, 2017; Hampson, 2020; MacNeela & Murphy, 2015; Mitchell & Hunnicutt, 2019), reinforcing heteronormative narratives (Carrigan, 2011; Deutsch, 2018; MacNeela & Murphy, 2015), positioning asexuality as the result of pathology (Delli Paoli & Masullo, 2022; Deutsch, 2018; Gupta, 2017; Mitchell & Hunnicutt, 2019), and infantilizing (Deutsch, 2018; MacNeela & Murphy, 2015) or dehumanizing (Deutsch, 2018; MacInnis & Hodson, 2012; Mitchell & Hunnicutt, 2019) asexual people. Similar concerns have been raised about asexual presenting characters in fictional dramas and sitcoms, such as *The Big Bang Theory* and *House*, where

asexuality is presented as something to be cured (Brandley, 2023; Döring et al., 2022). These criticisms demonstrate how media reflects and reinforces the allonormative discourses that continue to stigmatize people with asexual spectrum identities.

Considering how asexuality is represented in media thus presents an opportunity for disrupting allonormative discourses which contribute to the stigmatization of asexuality. While slow, there are small signs of progress in including more positive representations of asexuality in media. Brandley (2023) notes the inclusion of the character Todd Chavez in the animated comedy show *BoJack Horseman* as a recent example of positive asexual representation. Positive representation plays an important role in helping people with minority sexual identities feel valid and seen (Das & Farber, 2020; Brandley, 2023; Meyer, 2020).

Applications to Government and Institutions

Discrimination against people with asexual spectrum identities is prohibited under the Canadian Human Rights Act (1985), which considers sexual orientation to be a prohibited ground of discrimination under subsection 3(1). Similarly, while not explicitly named as a protected right under subsection 15(1) of the Canadian Charter of Rights and Freedoms (1982), case law including *Egan v. Canada* (1995) and *Vriend v. Alberta* (1998) have established precedent for considering sexual orientation to be an equivalent ground for claims of discrimination (Government of Canada, 2022).

Despite these protections, it is uncertain whether the courts will consider asexuality to be a valid sexual orientation and thus protected under the Canadian Human Rights Act (1985). The relatively low prevalence of asexuality has led some prominent asexuality researchers including Anthony Bogaert and Lori Brotto to advocate for the recognition of asexuality as a distinct sexual orientation in Canada (Kirkey, 2016). However, even if the courts deem asexuality to be a

protected ground, research suggests that sexual minorities face significant barriers in the Canadian courts (Department of Justice Canada, 2021). While many of these barriers are systemic, education and visibility into asexuality as a sexual identity would be an important first step for national and provincial human rights commissions and judiciary to ensure asexuality is recognized as a protected ground.

Conclusion

While experiences of stigma and discrimination remain common in people with asexual spectrum identities, this chapter offers clinicians guidance on how self-reflexivity and therapeutic interventions can help ensure the ethical treatment of this population. In addition, this chapter offers suggestions for how the findings may bolster social change in education, media, and government. Changes in these influential domains have the potential to disrupt allonormative discourse and provide positive representation for people with asexual spectrum identities.

Chapter Five: Recommendations and Conclusions

In this final chapter, I have provided a summary of the preceding research and discussion. This includes an overview of the key findings from my research discussing how the minority stress model reflects the experiences of stigma and discrimination in people with asexual spectrum identities, as well as the clinical implications of these findings. Secondly, I have included recommendations for future research into stigma and discrimination in people with asexual spectrum identities. Finally, I have concluded with a reflection on my learning from this research and its implications for my future practice as a clinician.

Key Findings

This study has explored how the minority stress model (Meyer, 2003) describes the stigma and discrimination experienced by people with asexual spectrum identities. Overall, the minority stress model (Meyer, 2003) is a satisfactory framework for describing stigma and discrimination in people with asexual identities. There is sufficient evidence that asexuality as a minority sexual identity creates unique and additive stressors in this population as a result of their minority status (Bittle & Anderson, 2023; Borgogna et al., 2023; Brady et al., 2022; Brandley, 2023; Chan & Leung, 2023; Cuthbert, 2022; Foster et al., 2019; Gupta, 2019; Hammack et al., 2022; Kelleher & Murphy, 2022; McInroy et al., 2022; Miller et al., 2022; Mollet, 2021; Rothblum et al., 2020; Rye & Goldszmidt, 2023; Vares, 2022; Woodruff et al., 2023; Yang, 2021). Some stressors exist within the external environment, with the relative invisibility of asexuality (Hammack et al., 2022; Kelleher & Murphy, 2022; Miller et al., 2022; Mollet, 2021), ideas of compulsory sexuality (Brandley, 2023; Foster et al., 2019, Kelleher & Murphy, 2022; Miller et al., 2022; Vares, 2022), social norms around the centrality of marriage and family (Foster et al., 2019; Kelleher & Murphy, 2022; Vares, 2022), and sexual gender

norms (Cuthbert, 2022; Foster et al., 2019; Gupta, 2019; Yang, 2021) contributing to an environment where people with asexual spectrum identities routinely experience discriminatory behaviours (Borgogna et al., 2023; Chan & Leung, 2023; McInroy et al., 2022; Rothblum et al., 2020; Woodruff et al., 2023). As a result, people with asexual spectrum identities frequently internalize negative ideas about their sexual identity (Brady et al., 2022; McInroy et al., 2022; Rothblum et al., 2020). This leads to the perception of additional stressors, including feeling illegitimate in their sexual identity (Foster et al., 2019; Kelleher & Murphy, 2022; Mollet, 2021), concealment of their asexual identity and fear of stigmatization (Brandley, 2023; Foster et al., 2019; Kelleher & Murphy, 2022; Miller et al., 2022; Mollet, 2021), believing that social norms are unattainable (Foster et al., 2019; Kelleher & Murphy, 2022; Vares, 2022), and experiencing additional challenges navigating relationships and consent (Foster et al., 2019; Kelleher & Murphy, 2022; Mollet, 2021; Vares, 2022). As a result of these stressors, people with asexual spectrum identities tend to have elevated rates of internalizing mental health conditions including depression, anxiety, somatization, and suicidality (Borgogna et al., 2023; Chan & Leung, 2023; McInroy et al., 2022).

From a clinical perspective, these findings highlight the importance of clinician training and competency in working with people with asexual spectrum identities (Abbott et al., 2023; Ayhan Balik et al., 2020). As asexual people experience stigma and discrimination even when working with healthcare providers (Flanagan & Peters, 2020; Foster & Scherrer, 2014), clinicians should work to assume a non-pathologizing approach (Brandley, 2023; Foster et al., 2019, Kelleher & Murphy, 2022; Miller et al., 2022; Vares, 2022) and engage in critical self-reflexivity to address personal biases (Anzani et al., 2019) when working with this population. Assuming an identity affirmative stance (Pachankis, 2018) and using therapeutic approaches

which address the impact of allonormative social discourses and systemic factors on mental health and wellbeing (Conlin et al., 2021; McGeorge et al., 2022) acknowledge the minority stress processes that contribute to the complex etiology of distress experienced by people with asexual spectrum identities.

Recommendations for Future Research

While the current study adds to our understanding of how Meyer's (2003) minority stress model reflects the ways in which people with asexual spectrum identities experience stigma and discrimination, it also illuminates a few important avenues for future research. Firstly, as the current study outlines the ways in which proximal and distal stressors are experienced by people with asexual spectrum identities, it enables future researchers to compare and contrast the ways in which these stressors are similar to or different from proximal and distal stressors experienced by other sexual minorities. By exploring these similarities and differences, future research would be better able to identify and adapt interventions designed for other sexual minorities for use with people with asexual spectrum identities.

Secondly, the existing academic literature on asexuality remains dominated by white and WEIRD (Western, educated, industrialized, rich and democratic) research participants. Expanding the scope of research to include cross-cultural studies and studies of people of colour is necessary for establishing the generalizability of findings beyond the existing research samples (Henrich et al., 2010; Klein et al., 2021; Thalmayer et al., 2021). This provides an opportunity for future researchers to further explore the impact of intersectionality between asexuality and ethnicity, and how asexuality is experienced outside WEIRD cultures.

Finally, while some researchers (Flanagan & Peters, 2020; Foster & Scherrer, 2014) have suggested possible therapeutic interventions for working with people with asexual spectrum

identities, there is an absence of research evaluating clinical outcomes when using these interventions. Therefore, experimental studies into the efficacy of the proposed therapeutic interventions when working with people with asexual spectrum identities would be an important step forward to improve clinical outcomes for this population. As significant differences in self-reported sexual behaviour, sexual desire, and romantic attraction exist between demisexual, greysexual and asexual identifying individuals (Copulsky & Hammack, 2023), it is strongly recommended that future research into clinical interventions differentiate between asexual spectrum identities and consider participants' romantic orientations.

Critical Reflexivity

Researcher reflexivity encourages introspection on how one's own biases, values, social location, and experiences influence a researcher's findings (Creswell & Creswell, 2018). For me, conducting secondary research from an emic perspective influenced the ways in which I conceptualized the systemic forces that contribute to the experience of stigma and discrimination in people with asexual spectrum identities. I tended to emphasize qualitative literature which captured the voices and perspectives of the research participants directly. Nonetheless, I found that the quantitative literature also provided useful context for the prevalence and incidence of certain health outcomes and risk factors. As such, I have learned that I hold a preference for mixed methods synthesis approaches that include both quantitative and qualitative perspectives.

Through conducting this research, I have also gained more skill in conducting systematic searches, coding qualitative data, and conducting a framework analysis. The experiences have highlighted the importance of understanding the benefits and limitations of various secondary research methods, the value of working iteratively with findings, and the time required to thoughtfully synthesize findings. Taking a critical view to the methodology of the primary

studies was very helpful to understand the extent to which the findings were reliable and valid. This process has provided me with an appreciation for how difficult it can be to produce reliable, valid, ethical, and applicable academic research in counselling psychology.

From a clinical perspective, this study has given me an appreciation for how pervasive allonormative ideas remain in my culture. The degree of harm, including physical, emotional, and sexual violence, perpetrated towards people with asexual spectrum identities was higher than I had expected. This has led me to reflect on my own biases, and how unintentional harm or microaggressions can emerge from a lack of awareness and understanding about the varying facets of each client's social location. As such, this study also helped me to understand and appreciate the importance of systemic factors in therapy. Understanding the etiology of a client's distress as resulting from the environment and systems which surround a client provides different pathways for intervention. For me, this underscores the importance of continuous learning, consultation and supervision, and self-reflexivity to ensure my work as a clinician is both ethical and effective.

Conclusion

Stigma and discrimination have significant implications for the mental wellbeing of people with asexual spectrum identities. Understanding the relationships between objective external stressors, subjective internal perceptions, and mental health outcomes provides important context for planning effective and ethical therapeutic interventions. While additional research may provide more information on how asexuality compares to other sexual minority identities, how non-Western cultures and people of colour experience asexuality, and the efficacy of different therapeutic interventions, this study provides a framework for understanding the experiences of stigma and discrimination in people with asexual spectrum identities.

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Figure 1

Search Methodology

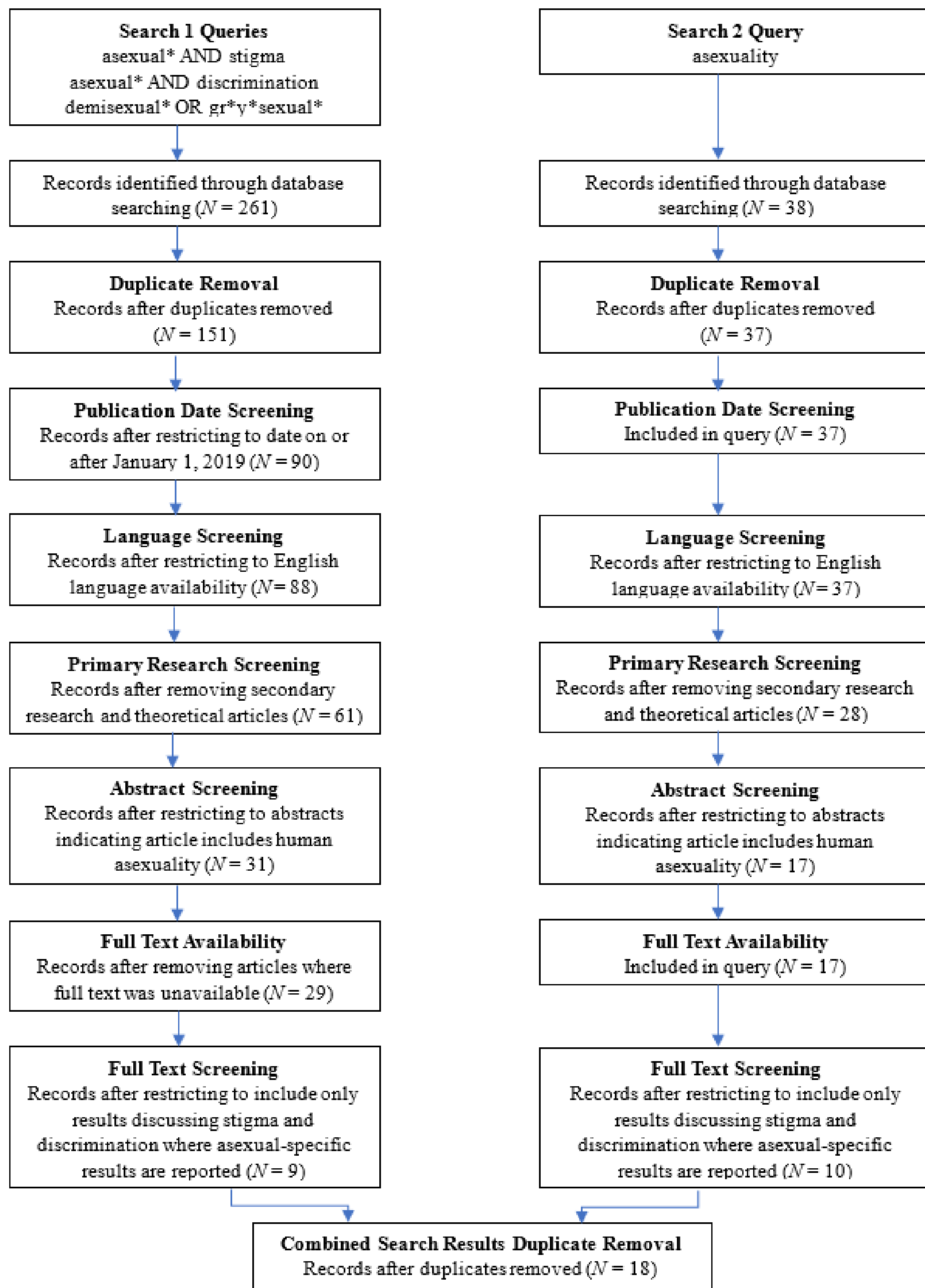
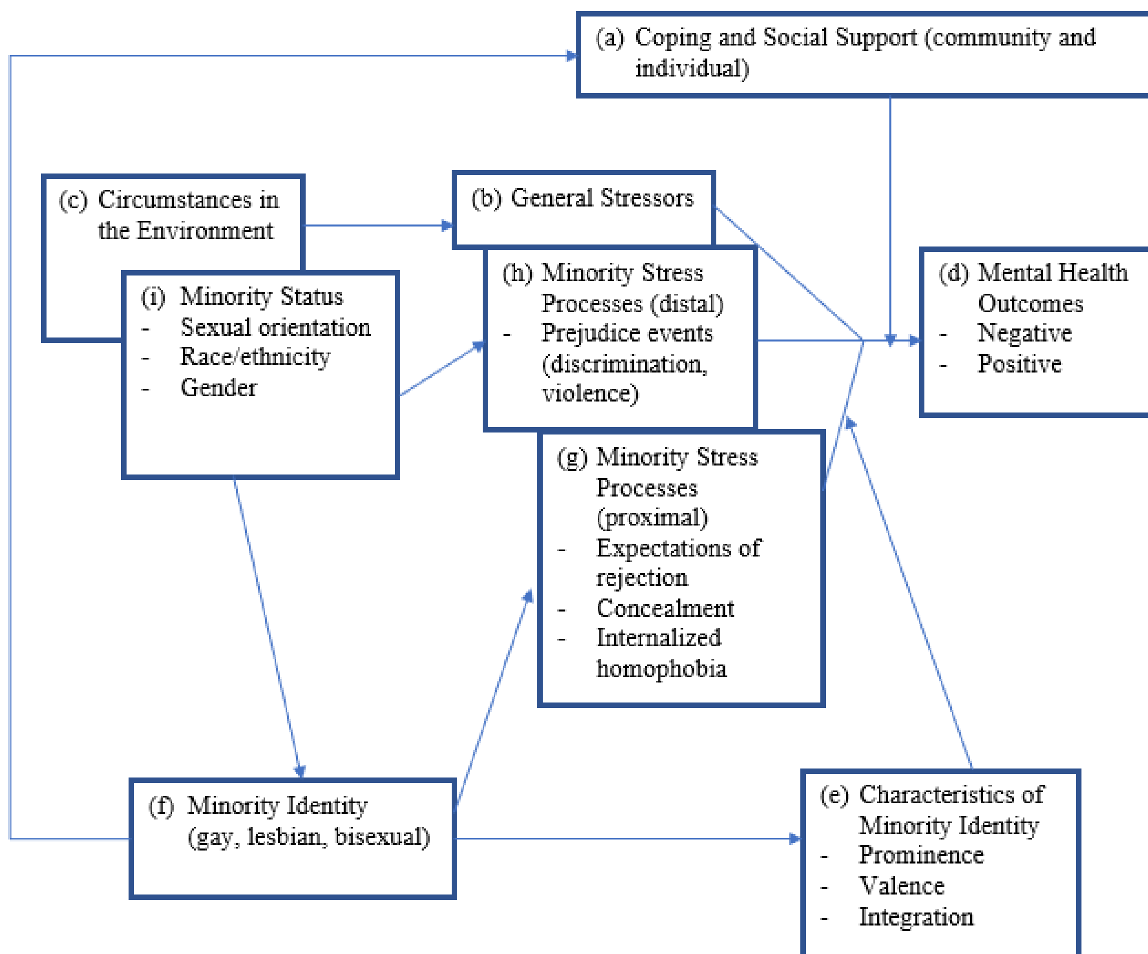


Figure 2

Meyer's (2003) Minority Stress Model



Note. This model is a reproduction of *Figure 1: Minority stress processes in lesbian, gay, and bisexual populations* from "Prejudice, Social Stress, and Mental Health," by I. H. Meyer, 2003, *Psychological Bulletin, 129*(5), p. 679. Copyright 2003 by the American Psychological Association, Inc.