

## Response to Commentaries

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We are grateful to the authors of the six commentaries who provided thoughtful reflections on our Target Article, “Asexuality: Sexual Orientation, Paraphilia, Sexual Dysfunction, or None of the Above?” (Brotto & Yule, 2016). Clearly, our paper provided a catalyst for considering a variety of issues, in some depth, surrounding the nature and study of asexuality/lack of sexual attraction. We were especially pleased to note the different perspectives expressed, sometimes in opposition to one another, but clearly in the spirit of scientific inquiry and pushing us to be more critical in our work, or as Levine (2017) requested, “A Little Deeper, Please.” Scherrer and Pfeffer (2017) remind us of our own inherent biases as individuals and provocatively raise the possibility that it may be “sexuals” with non-benign complexities given their incessant pursuit of “sexual relationships, despite the existence of sexually transmitted infections and pregnancy (each of which is associated with not insignificant morbidity and mortality risk)”. Their reminder that the behavior of sexuals may be seen to defy logic (and bolster fragile egos), though uttered with sarcastic undertones, makes us aware of our own unconscious biases as we undertake research in this domain of sexual attraction.

Is categorization, as we sought to determine in our paper, even necessary? Scherrer and Pfeffer (2017) warn of its potential dangers as well as its imprecision. We are acutely aware of this and point out in our Target Article that classification in one group does not exclude the possibility that asexuality may also fit in one or more other groups. Because sex researchers, sex therapists, the media, and the public have considered the nature of asexuality vis-à-vis categorization, we felt compelled to evaluate the fit of asexu-

ality within each of those proposed categories. Our Target Article was not intended to imply that these (i.e., mental disorder, sexual dysfunction, paraphilia, and sexual orientation) were the only possible categorizations of asexuality; rather, they simply reflected groupings that had been proposed in the literature.

Another broad conceptual issue raised was the concern about the operational definition we adopted in our paper. Chasin (2017) criticized our paper (and we believe the larger literature on asexuality) because of its reliance on an operational definition of asexuality that rests upon “lack of sexual attraction.” Chasin pointed out that the original FAQs for the Asexuality Visibility and Education Network in 2002 emphasized the role of self-identification, noting that asexual individuals classified through a process of self-identification are different from asexual individuals who are classified by endorsing a “lack of sexual attraction” questionnaire item. Chasin labels us as being “insufficiently mindful of this distinction” in our Target Article.

Though we agree that any operational definition adopted represents just a scientific construct, we wish to point out that Bogaert’s (2004) analysis of the data from over 18,000 British residents was based on the item: “I have never felt sexually attracted to anyone at all.” Much of the early research on asexuality after Bogaert’s paper used either this same item or a modification of it (e.g., some dropped “at all”). In our Target Article, we deliberately adopted a definition of asexuality with wide margins around it—noting that it is *generally* defined as a lack of sexual attraction, and we further qualified that some asexual individuals may experience sexual attraction that is not directed toward others. It is interesting to note that most of the empirical literature on asexuality has adopted this definition of asexuality (or a modified version thereof) and not a self-selection process wherein individuals identify as asexual regardless of their sexual attractions. If Chasin’s view is accurate, that self-identification as asexual represents a superior definition to lack of sexual attraction, then researchers must be mindful of their own process of classification when making conclusions about research findings to

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the population who identify as asexual (versus those who endorse a lack of sexual attraction). Nonetheless, Chasin's point about the need for better precision in our operational definitions is an important one.

Regarding the consideration of asexuality as a mental disorder (or symptom of one), it seems that our discussion of the potential overlap between asexuality and Autism Spectrum Disorder (ASD) evoked some excitement. Scherrer and Pfeffer (2017) questioned this purported overlap, noting that ASD is "yet another controversial diagnostic category" and that some would argue that a more useful framework for understanding ASD is neurotypicality. They suggest that studying diversity (both sexual diversity and neurodiversity) may lead to a greater understanding of typical and atypical ways of being. Interestingly, Levine (2017) responded in direct opposition to labeling asexuality as a natural byproduct of diversity, despite it being a politically popular stance to take. Chasin (2017) similarly challenged this purported association between asexuality and ASD and stated that any observed association does not provide evidence for shared etiological factors. We fully agree with Chasin that correlation does not imply causation, in either direction. However, we disagree with the conclusion that it also does not provide evidence for a shared etiological basis (though, of course, this remains to be tested). Just as handedness and the fraternal birth order effect are associated with homosexual orientation (Bogaert, 2007; Lalumière, Blanchard, & Zucker, 2000), and have triggered several lines of research identifying a shared neurobiological pathway to these different outcomes (Bogaert & Skorska, 2011), it may similarly be the case that events during prenatal development that (partially) contribute to placement on the autism spectrum share an etiology with the events that contribute to asexuality. At a minimum, the reported associations between asexuality and ASD call for more research in this area.

Levine (2017) stated that he yearned for more depth regarding the consideration of asexuality as a psychiatric expression. He remarked that the field does not yet have sufficient data to reject the possibility that asexuality may be a sexual dysfunction, a mental disorder, or a paraphilia (or any combination of these three). Like Scherrer and Pfeffer (2017) and Chasin (2017), Levine noted that the labels we choose have political connotations. But he urged us toward uncomfortable zones by pointing out that there are many ways to label a mental disorder and that we adopted only a narrow view of mental disorder in our paper. For example, Levine wondered whether asexuality makes it difficult to form and keep intimate partners, whether it represents a "disability in social life," and whether it represents a difficulty with emotional responsiveness to cues that non-asexual individuals respond to with sexual response or receptivity. While these are thought-provoking questions, we believe that the finding that many asexually identifying persons seek out and actively take part in romantic relationships (and friendships) challenges its categorization as a "social disability." Furthermore, although we found that social withdrawal was the most elevated personality domain on a brief personality

screening, interpersonal functioning was no different among asexual participants compared to population norms on interpersonal functioning (Brotto, Knudson, Inskip, Rhodes, & Erskine, 2010).

Regarding asexual individuals' experience of stigma, which we postulated may explain their reportedly higher rates of distress, Levine rejects the possibility that stigma, alone, is the source of asexual individuals' distress, and suggests that we should be wary of succumbing to an unjustified temptation to blame society for this distress. On the other hand, Chasin (2017) noted that if asexuality were viewed as a "benign sexual difference," stigma surrounding asexuality would cease, and so would its associated distress. These opposing commentaries on the interpretation of societal stigma surrounding asexuality, and their ensuing distress, remind us of the need for more research devoted to understanding the nature of asexual individuals' experiences of stigma. Furthermore, whereas asexual individuals experience significantly less sex-related distress than sexual individuals (Brotto, Yule, & Gorzalka, 2015), more research is needed on their non-sex-related distress.

There seemed to be relative uniformity among the commentaries about our view that asexuality should not be classified as a sexual dysfunction, with some noting that the absence of distress is sufficient to do so (Scherrer & Pfeffer, 2017). On the other hand, Levine reminded us of the complexities involved in coming to a unified and agreed-upon definition of sexual desire, and extended this challenge to defining sexual attraction, given that desire and attraction are likely "functionally related." He noted that we cannot study or understand sexual attractions without understanding them in the greater landscape of other related attractions, and that by doing so, we risk equating the "surface with its deeper processes." Levine makes an excellent point, yet we are unaware of any literature exploring asexual individuals' non-sexual types of attractions. Might we predict an indifference to certain food types, musical interests, and other non-sexual activities? Does the absence of sexual attraction accompany a muted attraction to non-sexual aspects of life? This seems an empirical question that should be studied, and may point to a broader and deeper construct of attractions, from which sexual attraction may be just one type.

Chasin's (2017) commentary focused considerable space on the issue of sexual dysfunction and in particular the DSM-5 (American Psychiatric Association, 2013) category of female sexual interest/arousal disorder (FSIAD). Chasin reflected that coming to an asexual identity later in life conflicts with the DSM-5 category of FSIAD given that the latter is not diagnosed when the individual endorses lifelong asexuality, but the DSM-5 does not provide guidance as to what to do if a woman has acquired her low desire. Of note, the text accompanying the FSIAD criteria in the DSM-5 did not include "acquired FSIAD" when noting cases where asexuality is the more appropriate label than a sexual dysfunction. Furthermore, Chasin pointed out the "androcentric" nature of the DSM-5 because the male version of hypoactive sexual desire disorder in the DSM-5 only states that asexuality is an exclusion criterion, but does not stipulate that it needs to be lifelong and/or acquired. To make sense of this apparent inconsis-

tency, it is worth pointing out that changes and additions in the DSM-5 from previous editions required empirical data to support any change. In the case of women, there *was* evidence that asexual women were characteristically different from women with lifelong HSDD (Brotto et al., 2015; data were available at the time of the writing of the DSM-5), whereas empirical data on this question in men were absent. As such, lifelong low desire was mentioned in the context of whether or not to rule out asexuality for women, but the lifelong/acquired specifier was omitted in the consideration of men's low sexual desire. In practice, our view is that clinicians are not using the lifelong and acquired specifier for asexuality to determine whether the individual has a desire disorder or an asexual identity. They simply determine whether the individual identifies as asexual (or not), and if so, then would rule out a diagnosis of a desire disorder.

Chasin (2017) chastises the practice of instating treatment for an individual who is either not distressed by their low or absent sexual attraction or who does not want treatment. On this point, we agree 100% and made similar recommendations in Brotto et al. (2015). We also wish to clarify an apparent confusion in Chasin's commentary in that a partner's distress, or relationship conflict, *does not* fulfill criterion C for a sexual dysfunction diagnosis, which requires the presence of "clinically significant distress in the individual" (American Psychiatric Association, 2013). Furthermore, we would never affirm a partner's "entitlement" to a person's body—regardless of their sexual orientation and/or identity.

Only Scherrer and Pfeffer (2017) remarked about our consideration of asexuality as a paraphilia. They focused on the problematics of considering asexuality as a paraphilia, and took broader issue with the inclusion of paraphilias in the DSM-5. We wish to clarify for the reader that the DSM-5 recognizes Paraphilic Disorder as a mental disorder, not paraphilias or paraphilic behavior *per se*. Thus, although we speculated that a subset of asexually identifying individuals may also have a paraphilia, in that they may experience atypical sexual interest, we are not claiming that this represents a Paraphilic Disorder. Specifically, Scherrer and Pfeffer question our reported findings regarding fantasies depicting fictional characters, and state "Is it not also true for many, if not most, sexual people?"

Since the publication of our Target Article, we have published an empirical study about the types and frequencies of sexual fantasies (Yule, Gorzalka, & Brotto, 2017) in 795 participants, 739 of whom had complete data. The sample consisted of 292 asexual women (defined by Asexuality Identification Scale scores; AIS; Yule, Brotto, & Gorzalka, 2015), 221 sexual women, 59 asexual men, and 167 sexual men. The asexual participants were more likely to report never having had a fantasy. Of those who reported having a fantasy, 12% of asexual men and 14% of asexual women reported their fantasies did not involve other people versus 0% of sexual men and 0.5% of sexual women.

We then followed this up with open-ended questions about fantasy contents. Interestingly, asexual men and women were just as likely as sexual participants to fantasize about a number of topics

such as BDSM and fetishes. There were very few sexual fantasies that asexual individuals engaged in more often than sexual individuals. For example, both sexual men and women were more likely to report fantasies that did not involve themselves. Further, compared to sexual women, asexual women were more likely to report fantasies that involved fictional human characters.

Although we recognize that this is a single study and the sample may not be generalizable to the larger population, these empirical findings challenge the speculation by Scherrer and Pfeffer (2017) that fantasies about fictional characters are as common among those identifying as sexual compared to those identifying as asexual. Furthermore, Scherrer and Pfeffer questioned our recommendation that the nature of fantasies among asexual individuals is a topic deserving of further study, presumably out of concern that asexual individuals may be labeled as having a Paraphilic Disorder. However, despite some evidence of sexual interest that has traditionally been thought of as "atypical" among some asexual individuals, we and others (Bogaert, 2004, 2006) have suggested that asexuality is not likely to be an expression of a paraphilia (for most asexually identifying individuals) given that those with paraphilias tend to retain some degree of sexual attraction toward others and that paraphilias tend to be more common among men (whereas asexuality appears to be more common among women). We would maintain that, overall, the atypical sexual attractions expressed by the samples of asexual individuals studied to date may, in fact, be quite typical (i.e., common) and that more research should be done in this area among sexual populations, as well as asexual.

To our conclusion that asexuality might best be conceptualized as a unique sexual orientation, the commentaries varied widely in their response to this. Scherrer and Pfeffer as well as Chasin were unhappy with our use of Seto's (2012) three criteria to consider whether asexuality may be a sexual orientation. They were particularly critical of the stability criterion and noted that the requirement of "early onset" is problematic because many people may not have the language to identify as asexual early. Also, they noted that women tend to arrive at non-normative identities later in life and therefore may not meet this early onset criterion. Chasin pointed out that defining a sexual orientation as something that is lifelong and static is highly problematic and defies much of the evidence for fluidity of sexual orientation in some women (Diamond, 2003; Diamond & Rosky, 2016). We do agree with this position and noted in our Target Article that the lack of stability does not negate our consideration of asexuality as an orientation.

Cranney (2017) also considered our reported evidence of stability among asexual individuals and noted the complexity of studying stability of attraction among asexual individuals given the separate dimensions of sexual and romantic attraction. Is stability in both required? What if one is stable and the other is not? Similar to Scherrer and Pfeffer, Cranney pointed out the challenges in employing a stability criterion, such as concerns about how exceptions are made for a temporary loss of sexual attraction (or desire), and where a line might lie between temporary and long-standing lack of sexual attraction. Of note, we would not

consider asexuality to exist in the case of a short-term and/or adaptive change (or loss of) sexual desire or attraction (e.g., following a traumatic relationship). Cranney agreed with our conclusion that (at least some) asexually identifying persons indeed fit the criteria for an asexual orientation, but pointed out that we need to be mindful of making comparisons between asexual, heterosexual, and homosexual groups in terms of the stability criterion.

Van Houdenhove, Enzlin, and Gijs (2017) raised the concern about characterizing asexuality as a sexual orientation because of Rosario and Schrimshaw's (2014) definition which locates sexual attraction as the internal component of sexual orientation and, due to their lack of sexual attraction, this implies a lack of sexual orientation in asexual individuals. We are not convinced of this conclusion, particularly when one considers that subjectivity may be a dimension of sexual orientation on which asexuality should be considered. It may be that asexual individuals' low degree of subjective sexual attraction sits on one end, while a sexual individuals' high degree of subjective sexual attraction (and sexual agency) sits on the other end and that this warrants consideration of subjectivity as a dimension of orientation. Clearly, this prospect is theoretical at this point and must be studied in the future. We worry about the possible conclusion that romantic attraction may be used to determine sexual orientation status, given that this suggests that those with a romantic attraction may have an orientation, whereas asexual individuals may be seen to not have an orientation. Among the commentaries, Bogaert (2017) was the only one to point out our proposal to consider subjectivity as a dimension on which asexuality is assessed and called for more research onto this possibility.

Chasin was particularly critical of our conclusion that asexuality may be a sexual orientation and noted that, because of its political connotations, this question cannot be answered empirically. We are not sure we entirely agree. Other sexual orientations have also been influenced by political and scientific forces, and discourses in these areas have shaped the acceptance of sexual orientation diversity. We do not see why the consideration of asexuality as an orientation cannot proceed in a similar manner.

### Where to Go from Here?

Scherrer and Pfeffer (2017) concluded that asexuality is better classified as an identity and a community, not a sexual orientation. By referencing identity, individuals are referring to the way in which they understand themselves. We like this suggestion, and we do not see this as incongruent with asexuality as a sexual orientation. Our tendency to study "self-identified asexuals" is a recruitment method to facilitate identification to group. This does not mean that an asexual individual cannot both self-identify as asexual as well as exhibit a sexual orientation that is asexual.

As far as community, we also do not see this as being orthogonal to asexuality as a sexual orientation. Communities are an extension of one's internal sense of self, as they provide opportunities for people with similar experiences to come together and support one another. As other sexual minority groups value the sense of community and support that they have fought to obtain, that same sense of community should (and could) extend to self-identified asexuals and those who experience asexuality as a sexual orientation. Van Houdenhove et al. (2017) use this position to argue in favor of asexuality as an orientation. They also recommended using a "people first" language. We fully agree with this and have reflected this in our own work by referring to groups as "asexually identifying" persons or individuals.

Van Houdenhove et al. (2017) rejected using self-identification as a means of classifying one as asexual, however, because it presupposes familiarity with that label, which might not be the case. This is in contrast to Scherrer and Pfeffer, and Chasin, who seem to favor self-identification as the preferred means of labelling one as asexual. Van Houdenhove et al. noted that self-identification creates problems for research and creates recruited samples that are extremely heterogeneous and lacking operational criteria. Instead, they urge researchers to use the AIS, a measure we developed (Yule et al., 2015), until there is an agreed-upon definition of asexuality as it will allow for conclusions to be drawn about a more homogeneous group of individuals. We thank van Houdenhove et al. for plugging our measure, and we agree that it will allow conclusions to be made about a more homogeneous group of individuals; however, we also worry about the potential for the AIS to exclude some groups of individuals, such as gray-asexuals, who may have sexual attraction for a particular individual and therefore not meet the cutoff scores on the AIS.

Scherrer and Pfeffer (2017) ended their commentary on a hopeful note by emphasizing that studying asexuality affords all of us as scholars in sex and gender to have a deeper understanding of our work. We fully agree with this sentiment. Bogaert (2017) also called for more research into the subjectivity dimension of sexual orientation. He argued that research on asexuality should integrate ideas on how people form broader social connections to others and, along the way, we should seek to understand the associated biological processes that underlie those connections.

We trust that those interested in asexuality scholarship will take up the call identified by the commentaries to study:

1. A fuller exploration into sexual attraction: When does it appear in the lifecycle? Does it have immature and fully developed forms? How does it change over the course of the lifespan? Is it ever-present or is it a capacity that manifests only in certain contexts? What determines whether it resembles a gentle breeze, a gust, or a gale?
2. Do both deficiencies and excesses of attraction exist?
3. Is sexual attraction a leading edge of an aspiration to obtain something else such as identity, love, wealth, or interpersonal competence?

4. Should sexual attraction be viewed in light of the person's familial relationships and their experiences and beliefs about the fate of apparently loving attachments?
5. Do individuals without sexual attraction have other kinds of attraction to others?
6. Are there biological requirements for sexual attraction to others? Are the requirements the same as for sexual desire?
7. Are there defenses against sexual attraction to others based on, "No one would want me, so I don't want anyone else."
8. A deeper exploration into neurotransmitters, genes, and neuroanatomy and asexuality.

Some of these research questions require that we push past our discomfort around studying biological mechanisms associated with sexual orientation. There is also a great need for more research utilizing qualitative methodologies, as well as focus on within group differences, in addition to between group differences.

In addition to these specific recommendations for future research topics, the commentaries remind us to consider the complexities and limitations of any of our labels (be they mental disorder, sexual orientation, sexual dysfunction, or sexual identity). Furthermore, we agree with the suggestion that research needs to be person-centered, seeking to understand and measure experiences from the perspective of the person and, at the same time, recognizing the limitations in our methods of measurement.

## References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- Bogaert, A. F. (2004). Asexuality: Prevalence and associated factors in a national probability sample. *Journal of Sex Research, 41*, 279–287.
- Bogaert, A. F. (2006). Toward a conceptual understanding of asexuality. *Review of General Psychology, 10*, 241–250.
- Bogaert, A. F. (2007). Extreme right-handedness, older brothers, and sexual orientation in men. *Neuropsychology, 21*, 141–148.
- Bogaert, A. F. (2017). What asexuality tells us about sexuality [Commentary]. *Archives of Sexual Behavior*. doi:10.1007/s10508-016-0892-2.
- Bogaert, A. F., & Skorska, M. (2011). Sexual orientation, fraternal birth order, and the maternal immune hypothesis: A review. *Frontiers in Neuroendocrinology, 32*, 247–254.
- Brotto, L. A., Knudson, G., Inskip, J., Rhodes, K., & Erskine, Y. (2010). Asexuality: A mixed-methods approach. *Archives of Sexual Behavior, 39*, 599–618.
- Brotto, L. A., & Yule, M. A. (2016). Asexuality: Sexual orientation, paraphilia, sexual dysfunction, or none of the above? *Archives of Sexual Behavior*. doi:10.1007/s10508-016-0802-7.
- Brotto, L. A., Yule, M. A., & Gorzalka, B. B. (2015). Asexuality: An extreme variant of sexual desire disorder? *Journal of Sexual Medicine, 12*, 646–660.
- Chasin, C. D. (2017). Considering asexuality as a sexual orientation and implications for acquired female sexual arousal/interest disorder [Commentary]. *Archives of Sexual Behavior*. doi:10.1007/s10508-016-0893-1.
- Cranney, S. (2017). Does asexuality meet the stability criterion for a sexual orientation? [Commentary]. *Archives of Sexual Behavior*. doi:10.1007/s10508-016-0887-z.
- Diamond, L. M. (2003). What does sexual orientation orient? A biobehavioral model distinguishing romantic love and sexual desire. *Psychological Review, 110*, 173–192.
- Diamond, L. M., & Rosky, C. J. (2016). Scrutinizing immutability: Research on sexual orientation and US legal advocacy for sexual minorities. *Journal of Sex Research, 53*, 363–391.
- Lalumière, M. L., Blanchard, R., & Zucker, K. J. (2000). Sexual orientation and handedness in men and women: A meta-analysis. *Psychological Bulletin, 126*, 575–592.
- Levine, S. B. (2017). A little deeper, please [Commentary]. *Archives of Sexual Behavior*. doi:10.1007/s10508-017-0947-z.
- Rosario, M., & Schrimshaw, E. W. (2014). Theories and etiologies of sexual orientation. In D. L. Tolman & L. M. Diamond (Eds.), *APA handbook of sexuality and psychology* (Vol. I, pp. 555–596). *Person-based approaches*. Washington, DC: American Psychological Association.
- Scherrer, K. S., & Pfeffer, C. A. (2017). None of the above: Toward identity and community-based understandings of (a)sexualities [Commentary]. *Archives of Sexual Behavior*. doi:10.1007/s10508-016-0900-6.
- Seto, M. C. (2012). Is pedophilia a sexual orientation? *Archives of Sexual Behavior, 41*, 231–236.
- Van Houdenhove, E., Enzlin, P., & Gijs, L. (2017). A positive approach toward asexuality: Some first steps, but still a long way to go [Commentary]. *Archives of Sexual Behavior*. doi:10.1007/s10508-016-0921-1.
- Yule, M. A., Brotto, L. A., & Gorzalka, B. B. (2015). A validated measure of no sexual attraction. The Asexuality Identification Scale. *Psychological Assessment, 27*, 148–160.
- Yule, M., Gorzalka, B. B., & Brotto, L. A. (2017). Sexual fantasy and masturbation among asexual individuals: An in-depth exploration. *Archives of Sexual Behavior, 46*, 311–328. doi:10.1007/s10508-016-0870-8.