

Undergraduate Experiences of Asexuality and Mental Health in the UK: an Exploratory Qualitative Study

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Abstract

In this exploratory study, I investigated asexual identifying undergraduate students' experiences of mental health and asexuality in the UK, in an attempt to better understand the impact identifying as asexual has on peoples lives and the way they navigate the world. This was done via the use of semi structured interviews and object/photo elicitation interviews. The data, which was collected from 7 self-identified asexual people was analysed using inductive thematic analysis. From this analysis emerged three preliminary themes relating to experiences of asexuality and mental health: (1) a lack of informational availability about asexuality; (2) denial of asexual identities; and (3) navigating spaces and the future as an asexual individual. These preliminary findings highlight the need for further research into this area as well as the necessity of changes in the way asexual identities are viewed within society.

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Introduction

Asexual people are a small but significant minority within the UK population with acespec¹ individuals making up around 1% of the general population (Bogaert, 2004).

The study of asexuality has become of interest within social scientific circles with Vares (2022) citing this interest as being sparked in the early 2000s by research such as Bogaerts 2004 paper and increasing within the last decade, making research on asexuality particularly relevant to today's academic landscape. Additionally, while there has been research into the mental health experiences of LGBTQ+ individuals more generally, there is a need for more specifically into the impacts of stigma on asexual mental health and wellbeing as highlighted by Bogaert and Kelleher et al. in their 2015 and 2023 papers, with a need for more research in this subject area to take a qualitative approach. This study aimed to carry out a preliminary investigation of this area on a small scale, focusing on 7 asexual individuals' lived experiences of their sexual identity and mental health.

What is asexuality?

The term "asexual" is an umbrella term for a range of identities on the asexual spectrum, which are characterised by feeling infrequent to no sexual attraction towards other people (Aven).

Asexual people are a sexual minority and part of the LGBTQ+ community, however misconceptions around asexuality are common. Research by Foster et al. (2019) into the experiences of ace women of colour revealed that allosexual² people have a tendency to explain away ace identities as a result of childhood trauma or mental illness, with Carrigan's (2011) participants recounting instances of others viewing their asexual identification as a temporary "phase".

Asexual identities have not reached a level of "acceptance" within the UK – with the label not being considered a "valid" sexual orientation under the Equality act in the same way that other LGBTQ+ identities are, making increasing awareness of the existence of this group important in ensuring their protection against discrimination (Stonewall x Yasmin Benoit).

¹ Acespec is short for asexual spectrum, meaning identities that sit under the ace umbrella. For more info on ace identities visit: [General FAQ | The Asexual Visibility and Education Network | asexuality.org](#)

² Allosexual is a term used to refer to people who do not identify as asexual. Some literature also refers to non-asexual people as "sexual people".

Background

A review of previous and current literature on asexuality and mental health indicates that similarly to other LGBTQ+ identities, asexual individuals are at greater risk of experiencing various mental health issues - particularly depression, anxiety and suicidality - compared with the general population (Yule et al., 2013) and lesbian, bisexual and gay identifying individuals (Ace Community Survey, 2020).

Some reasons for these elevated levels of suicidality cited by the community survey included harassment (physical, sexual and verbal) difficulty accessing identity affirming mental healthcare and others asking inappropriate questions - in some cases offering suggestions on how to “fix” people’s ace identities. This encourages framing asexuality as a curable pathology rather than a valid label – an attitude which is still prevalent today (Ace Community Survey, 2020). Furthermore, ace interviewees in research such as that by Gupta (2017) described accessing medical help as a result of pressure from others pathologisation of the identity, relationship issues or to gain personal understanding of their identity.

In the past asexuality has been pathologized as Hyposexual Desire Disorder (HSDD), however, work by asexual activists and researchers has led to the addition of a disclaimer preventing the diagnosis of individuals who self-identify as ace. While this is an important step in de-medicalising the identity, the lack of information available about it means it will continue to be medicalised for people who do not have access to this information about ace identities which would otherwise allow them to self-identify as asexual.

Although the increased risk of mental health disorders faced by asexual people is an argument for medicalisation, Bogaert challenges this, asking “Should we pathologize someone for feeling distressed (or having other mental health issues) if it is a response to a society that does not value them—and, indeed, may actively discriminate against them?” (Bogaert, 2015).

This argument is supported by research into minority stressors experienced by LGBTQ+ individuals (including ace people) – for which these stressors have been linked to poor mental health outcomes and overall feelings of discomfort around non-LGBTQ+ individuals (Ayala, 2020) with Chan and Leung (2023) proposing that these stressors can contribute to impairments in health, social relations and daily activities, all of which then increase risk of suicidality.

Methodology

This study used in-person semi-structured interviews with an optional object/ photo elicitation element in which participants were invited to bring up to 3 photos or objects relating to their experiences of asexuality or mental health with them to discuss during the interview.

These interview techniques were used to make sure the interviews covered experiences of both asexuality and mental health via a list of prompts which I could use to stay on topic in my interviews while the object elicitation task encouraged participants to guide the direction of the conversation.

Interviews were then transcribed using AI software and manually edited for accuracy before these transcriptions were analysed using inductive, in vivo coding methods which involves summarising the data in participant's own words. These codes were then analysed to create categories, from which a set of 3 preliminary themes were identified.

Ethics

The object elicitation was only done by 3/7 participants, meaning it had little impact on the data collected however it was useful in allowing my participants control over the conversation, ensuring that they only discussed things they felt comfortable with.

Another way in which I tried to protect the privacy of my participants was via member checking as I sent them anonymised transcripts for review and let them choose pseudonyms before writing up my analysis.

Demographics

My dataset was made up of seven undergraduates at the University of Cambridge recruited via generic purposive sampling techniques using flyers which were posted in student spaces and newsletter notices (see appendix for flyer).

Participants in my sample were aged nineteen to twenty-two years old, and most identified their race as white (most being White British, with one White European, one White Portuguese and one identifying as being mixed race and mixed ethnic identity). All participants identified as either a non- binary gender identity (specifically identifying as a demi-girl, agender or genderfluid) or female, and the most common romantic orientation was aromantic (three participants), followed by questioning (two) and hetero or panromantic (both one).

The similarities between participant demographics highlight the lack of diversity within my sample and could contribute to similarities between participant experiences.

A breakdown of current or past mental health conditions and neurodiverse conditions reveals that most participants described having one or more, the most common of which being depression (which was experienced by six out of seven participants), followed by anxiety (which four had experienced), eating disorders (two, with one specified to be bulimia), and PTSD (one), hallucinations and pseudo hallucinations, and PMDD³ (one participant).

Of neurodiversities, one participant had an ADHD diagnosis and one was self-diagnosed with autism, with another discussing autistic experiences at interview but not in the questionnaire. I decided to include neurodiverse experiences within “mental health” because of the similarities in diagnostic processes which people experience with both, as well as the existence of high rates of asexuality in autistic communities, something which has been reported in studies such as Bush et al. (2021).

Preliminary Findings

Introduction to Preliminary Findings

I identified 3 broad preliminary themes in my dataset: *Asexuality – “what’s that”* (1) *Denying Asexual Identities – “No you’re not”* (2) and *Navigating Space and Normative⁴ expectations* (3). My first theme encompasses impacts of the lack of available information about asexuality on ace experiences – including the lack of awareness from others, the need for own research and the consequential pressure to educate others about the identity which members of the community express in research such as that by Kelleher et al. (2023). My second theme “No you’re not!” describes experiences of dismissal of ace identities both internally and from others either directly or via medicalisation. Some of these experiences may fall under microaggressions and therefore contribute to stress and poor mental health experienced by ace individuals (Ayala, 2020). Finally, my third theme explores navigating and fitting into LGBTQ+ and ace specific spaces as well as more typical “normative” spaces in society and the expectations regarding future plans which accompany these.

I focused on my analysis on my third theme as it was particularly relevant for my demographic of participants who were all young undergraduate students likely to be navigating new spaces at university and thinking about future plans.

³ PMDD is short for Premenstrual Dysphoric Disorder described as an extreme form of Premenstrual Syndrome which occurs at certain points of the menstrual cycle. It is characterised by emotional symptoms such as increased mood swings, depression and anxiety and physical symptoms such as disturbed sleeping and eating patterns. More information about PMDD can be found here: <https://www.mind.org.uk/information-support/types-of-mental-health-problems/premenstrual-dysphoric-disorder-pmdd/about-pmdd/>

⁴ I will be using the word “normative” to refer to the typical societal expectations which are both heteronormative and allonormative – since the intersecting queer identities of some of my participants will be affected by both of these sets of expectations.

Findings continued - Asexual Experiences of Navigating the World

Within this theme I identified three main categories that participants experiences and interview content centred around: navigating LGBTQ+ spaces and the feelings associated with this as a marginalised group within an already marginalized community; the importance and accessibility of asexual spaces and the experiences of conceptualising and navigating the future within a heteronormative space.

Navigating Queer Spaces

When interacting with and existing in LGBTQ+ spaces, asexual individuals in my study highlighted feelings of uncertainty around fitting into these spaces.

“It still very much feels like we're a bit of an add-on to the community. We're a bit still on the outskirts I guess. Which is difficult because like, the queer community is supposed to be like, supposed to like, embrace and celebrate all the people that don't fit in. And then it feels like we don't even fit in there. But I think that's why I like - I think it's so important to try and like read books and listen to podcasts and watch, film TV, whatever - that does have acespec stuff in because like, it definitely - yes it's very emotional - but it does make you feel. It does make you feel less alone.” - Kai (she/they)

Kai's experiences with LGBTQ+ spaces highlight feelings of discomfort and “not fitting in” as an asexual person within these spaces - using phrases such as “add on” and “on the outskirts” to describe the way they feel in the queer community as an asexual identifying person. This suggests that asexual people perhaps are not perceived as an integral part of the LGBTQ+ community in the same way that other identities might be - something also expressed by other participants who mentioned not being “queer enough” to truly feel comfortable existing in these spaces. Ideas about not “counting” in the LGBTQ+ community were also presented in Mitchell and Hunnicut's (2019) research into non-normative ace experiences.

Furthermore a similar sentiment was expressed by Lou who felt that ace people were “always the last ones” to be considered within queer spaces.

“a lot of my friends who are queer in some way, get a lot of community out of different queer spaces one way or another. Whereas with asexuality I feel like you're already a little bit like – you're always the last one- whatever acronym people are using, you are always the last one there.” – Lou (they/them)

Lou also compares their experiences of LGBTQ+ communities with their queer identifying friends who “get a lot of community” out of them.

These feelings reflect the common biases and misconceptions about asexual individuals which exist within these spaces due to them being an “invisible minority”. These include ideas such as asexuals “don't experience as much discrimination”

compared to other LGBTQ+ identities or “don’t belong in the LGBTQ+ community” (Ayala, 2020) - something which has been challenged by evidence from MacInnis and Hodson’s research (2012).

In turn, this could be a cause for feelings of frustration and maybe even betrayal due to the LGBTQ+ community’s reputation as a group which is “supposed to embrace and celebrate all the people that don’t fit in”.

Kai’s emphasis on the importance of engaging with ace representative media in making them feel “less alone” both highlights it’s importance (demonstrating the interconnectedness between this theme and the sub theme of representation within informational availability) as well as emphasising the comparative lack of effectiveness of queer spaces in promoting this feeling.

Finding Ace spaces

When discussing asexual specific spaces, my participants tended to view these as an important and valued source of community and information about ace identities and aspects of ace life which may not be available elsewhere - however many communicated frustration with their inaccessibility.

This sentiment was expressed by Amory - who described their experiences of engaging with identity specific spaces as a non-binary and asexual identifying individual. They described the difficulty of finding in-person asexual spaces as greater than that of finding spaces for individuals of their gender identity - which falls under the trans umbrella - suggesting that ace spaces are less available and accessible than spaces for other LGBTQ+ identities.

“I think I’ve struggled to find that many spaces for like aro/acespec, which is why it’s great to have like the server. I was quite surprised that there was like a little sub-community. I was like, this is cool.

But yeah, other than that especially like again in the sense that as someone who is non-binary, there’s- there are probably more spaces that I’m involved in for like trans non-binary people versus like asexual spaces. I don’t know. It’s a kind of especially like in person. I think online there’s some stuff. But yeah, person stuff like - zilch basically.

I guess maybe it also means that I feel like I have less room to discuss any sort of like or share, that many experiences or questions I have.” - Amory (they/them)

Amory’s feeling of “surprise” at discovering a local asexual community in the form of a discord server further emphasises the lack of expectations of finding ace specific spaces. As a result - Amory describes feeling like they have “less room” to explore or share experiences due to the lack of ace spaces- and perhaps also due to feeling unable to do this in general queer spaces. They also compare the prevalence of online and in person asexual spaces - of which online spaces seem to be more prevalent and easily accessed - something also expressed by other participants such

as Sage who explained this phenomena as being due to the smaller numbers of asexuals compared to other LGBTQ+ identities.

“Probably because we don't occur very often in the population and not very many people are out about it. So it's difficult to find a real life Community. So people will go to the internet and be like “Hi. Hello. What's going on over here.” People will talk about stuff on there. Or like submit experiences.” - Sage (they/she)

Both Amory and Sage explore the possible use of ace specific spaces as somewhere they can ask questions and share and engage with other people's experiences - highlighting their importance as a place to gather information about asexuality in a society in which this information is not readily available (as further explored within my theme on informational availability).

These spaces can also exist informally in the form of groups of ace friends, which a few participants who had these also flagged as important, with one describing their ace friend group as a *“bubble away from the real world”*. Here “the real world” is thought to be a far more heteronormative⁵ space less accommodating of asexual people compared to the more accepting “bubble” which the ace friend group provides them with.⁶

“defaulting off” societal expectations

Broadly, this category encompasses experiences of ace people in navigating their place in wider society as sexual minorities for whom the heteronormative societal conceptualisation of an ideal life involves things like finding a person to enter into a sexual and romantic partnership with and “settle down” and have children - something that for many acespec people, does not align with their wants and experiences of attraction (Vares 2022). For most, this means coming to terms with deviating from this “normal” life plan or path which one participant described as “defaulting off” due to her asexuality.

While defining this category, I noticed a few sub-categories of different feelings originating from this “defaulting off” process. A key one of these was feeling of loneliness, both in the present and “projected future loneliness” coming from missing out on things associated with normative relationships. Participants also expressed frustration at the existence of these normative expectations and brought up the importance of friends in navigating these.

⁵ Heteronormativity describes the societal assumption that everyone is heterosexual or straight. It also therefore assumes that straight relationships are the end goal for all.

⁶ While considering this aspect of asexual experience, it is important to consider the largely white nature of this sample, as a 2019 study by Foster et al. focused on asexual women of colour found that asexual spaces often assume whiteness, and that experiences of racism within these communities can limit their usefulness as safe spaces for expression for ace WOC.

Loneliness

Many participants expressed feelings of loneliness associated with not being able to engage with allonormative aspects of society such as culture surrounding forming and being in relationships.

Feelings of loneliness were linked to experiences of asexual identity and mental health - with both factors acting as contributors.

Lou described aspects of their identity as an asexual person on the autistic spectrum as presenting a “combination for loneliness” explaining that..

“... there's that sense of, you're kind of on your own a little bit, and if you've got other mental health issues, all sorts of other things that kind of add to that. I think it's quite easy for it to sort of snowball quite quickly. If you feel like, you know, you're already having a hard time with social stuff or maybe joining in, things like that. And then if everything is very sort of sex-and-relationship-oriented and you're also Ace, then that's just another level of not really being able to join in.”

- Lou (they/ them)

They communicate feeling unable to join in with conversations and interactions oriented around sex and relationships due to their ace identity- something made more difficult by their experiences as a neurodivergent person with mental health issues. Both of their experiences of asexuality and mental health and neurodivergence interact, creating “another level” of being “on your (their) own” and contributing to feelings which then “snowball” out of control.

Asexuality as something that feeds into loneliness was also expressed by other participants.

“I feel like I've kind of portrayed asexuality as I don't know? A kind of negative thing a lot of the time that may be something to fix or something that contributes to kind of like loneliness as and stuff- which is true. But I think it's more projected loneliness in the future. So I expect that I won't kind of have some kind of partner. I expect I won't have the same kind of support system other people do but then I guess society could change and that could be changing.” - Solar (she/her)

While one participant - Solar - did view her asexual identity as a contributor to current loneliness, she also explained how these feelings of loneliness project into her conceptions of her future as an acespec woman while reflecting at the end of her interview.

She conveyed expecting to not conform to the typical “life plan” - and these “non-expectations” of not having a partner resulting in her subsequently not having the same support system as other people. Having a strong support system is something that is both generally recognised by research as important in promoting good mental health (Detri and Lease, 2007) and was outlined by participants as an important part of their lives and ideal futures. Navigating future plans as an asexual person in an

allonormative⁷ society which places expectations on individuals to “settle down” and start a family, and the feelings of loneliness which result from deviating from these norms has also been explored in previous research by Vares in their 2022 paper.

The Importance of Friends

Solar also critiqued the societal prioritisation of romantic/sexual relationships over platonic ones, expressing the importance of platonic relationships as a way of mitigating feelings of loneliness.

“I suppose, a priority that our society places of romantic relationships above platonic ones. So, I think if our society viewed platonic and romantic relationships as equal, I wouldn't have this problem at all, but because there's always the expectation that your romantic partner will prioritise you above everybody else. Then I think if I wasn't asexual and I could have that because I mean it does go hand in hand in hand you know, romance and sex and stuff. If I had that then maybe I wouldn't have been so lonely in first year and sort of gone through my experiences of just like general loneliness and kind of a bit depressed and that kind of thing.” – Solar (she/her)

Another participant – Joan- admits they would “get lonely” if they lived alone and expresses a want to have friends or other people around. This recurring loneliness in response to societal expectations is supported by accounts of feeling isolated and alienated found by other ace research by Kelleher and Murphy (2022) and Gupta (2017) and could then go on to negatively impact mental health.

“I think I'd be lonely (if I lived alone). One of one of those things - one of the things that people will sort of leverage if anyone is confronting you about being ace is like what will you do when you're old? And you don't have any kids to look after you? I think it is nice to have people around you. I get lonely.” - Joan (she/they)

Joan uses hostile words such as “leverage” and “confronting” to describe interactions with people in which their future as an asexual person is perceived and portrayed as a “lonely, childless future”. She describes this as being “leveraged” against her - suggesting that these interactions are perceived by her as people “challenging” their ace identity by using this stereotypically negative representation of a future which deviates from allonormative and heteronormative societal norms. The phrase “one of” also implies the existence of other reasons or things which are “leveraged” against asexuals and used as a way to challenge their identities - a lonely future just perhaps being a more common example of this.

Additionally, the use of “what will you do when you're old” also highlights the need for more representation and awareness of older asexual individuals and other non-conventional family types and living arrangements other than the typical “life partner” option presented by allonormative society.

⁷ Allonormativity refers to the expectation that finding a sexual partner is the ideal for everyone.

Missing out

This ties in with participants wants for more social recognition of non-sexual relationships as important forms of connection and support. Willow discusses the lack of validation of intimate platonic relationships compared with sexual or romantic partner relationships, and the way this causes them as an aroace individual to miss out on some forms of intimacy and support.

“...when I was, you know, sort of at my worst with my mental health, one of the like, very difficult things was this feeling of like, you know.. the only kind of... the only sort of ways and times that I'm having like, this close intimacy, is when I'm like really sad and like having like emotional support or something. And like I didn't want that to be like the only... and sometimes I think it felt like, you know- if you're in that position where you, you know, you don't have like a partner or just in general - the way that like friendships are sort of not validated in the same way that it can be like difficult to ask for that kind of intimacy without it being for some reason of, you know, needing some emotional support or something.”

- Willow (they/she/he)

For Willow, this linked into their experiences of mental health and accessing emotional support from friends. Their struggle to access close intimacy outside of the context of having emotional support during times of mental ill health is attributed to the lack of social constructs and validation of these forms of intimacy within non-sexual relationships such as platonic friendships. This is emphasised by their difficulty in asking for this kind of intimacy in a friendship context - suggesting that the frameworks which would allow them to communicate these wants do not exist in widely accepted contexts. This presents issues of asexual people missing out on some aspects of connection with others in normal healthy circumstances due to the way they are sexualised within society. By not having this structure, this leads to potentially unhealthy habits in which they feel the only way to experience these connections is in times of emotional distress.

Conclusion

The results of this study highlight the ever-important need for increased awareness of asexual identities via more widespread easily accessible information and educational resources on the identity. Having this would increase awareness and promote understanding of the identity in both LGBTQ+ and wider circles within society - and therefore decrease the stigma and negative stereotypes which currently surround the label in both of these spaces, making them safer and more comfortable for asexual individuals to exist in.

Furthermore, increased recognition of asexuality as a valid sexual identity would reduce instances of people trying to “help” asexuals “fix” their identity. This recognition is also a necessary first step towards furthering both the de-medicalisation of asexuality and its recognition as a legally valid label and therefore the legal protection of asexual people against discrimination.

By increasing awareness of and platforming asexual lives and stories we can challenge the allo and heteronormative expectations society places on individuals to get married and “settle down” - something which would benefit not only the asexual community, but also anyone else for whom this ideal is not a personal goal. Additionally, by viewing society through an asexual lens, we are able to deconstruct the focus on sexual relationships as the “most important” type of relationship, and explore the importance of other forms of relationships (such as platonic and familial relationships) particularly as protective factors against mental ill health.

This study has acted as preliminary research into the experiences of asexuality and mental health in the UK. I propose that further research should be conducted into this area with a range of methodologies.

An important aspect of conducting research on asexual communities is that the platforming of asexual voices and experiences is an important step into increasing understanding and acceptance of asexual identities in the UK and more generally.

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Appendix

Study Recruitment Flyer

Are you...



- **An asexual identifying individual**
- **Over the age of 18**
- **Someone who has lived in the UK for at least 5 years and can speak English**
- **Available between June 17th - 8th July for an interview**

Then I am glad this has found you!

My name is Jasmine, and I am a psychology student and Laidlaw scholar currently researching

Experiences of asexuality and mental health in the UK and would like to invite you to take part in my study!

Your participation in this project would involve taking part in a one-to-one semi-structured interview lasting around an hour long in which you are invited to bring with you up to 3 objects or photographs to help guide the conversation.



Please contact me at this email address: ace.mh.experiences.study23@gmail.com with any questions or expression of interest if you would like to take part.