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CASE STUDY

Depathologizing asexuality: A qualitative case study in Chile

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Abstract

Sexuality, when evaluated through traditional paradigms—such as the Freudian framework that conceptualizes the sexual drive as a lifelong, teleological process—has historically been examined against normative benchmarks that exclude non-normative experiences. To address this gap, this exploratory qualitative case study examined how self-identified asexual individuals in Chile define their sexuality and navigate structural barriers, including medicalized pathologization (e.g., the categorization of low sexual desire as a clinical dysfunction in the DSM-5). Drawing on semi-structured interviews with two asexual individuals residing in Santiago and Coquimbo, and contrasting their narratives with international literature, this study aims to enhance empirical visibility within the Chilean context, where research on asexuality remains virtually non-existent. Participant recruitment challenges underscored the pervasive social invisibility surrounding asexual identities in allonormative cultures. The findings challenge rigid conceptualizations of asexuality as a total absence of desire, demonstrating that participants experience low-intensity or context-dependent sexual attraction while prioritizing romantic gestures and profound emotional bonds over genital activity. Regarding community, participants valued educational spaces and peer networks that fostered mutual understanding and validation. Crucially, neither participant exhibited clinical distress, indicating that asexuality is best conceptualized as a fluid spectrum. These insights advocate for a depathologized framework of human sexuality and emphasize the necessity of disseminating comprehensive, non-stigmatizing information—an essential condition for mental health professionals to deliver affirmative care and honor subjective diversity.

Keywords: Asexuality; Pathologization; Sexual orientation; Sexuality; Sexual diversity; Chile

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1. Introduction

The theory of sexuality formulated by Sigmund Freud (1905) has been one of the most defining influences in shaping contemporary sexual imaginary. By postulating that the sexual drive—or libido—manifests from birth and progresses through a normative psychosexual development, Freud implicitly established a benchmark for "sexual normality." Consequently, any sexual expression non-oriented toward genitality, or

characterized by an absence of desire, is readily interpreted as either a developmental arrest or a deviation. According to Freud (1905), all partial sexual tendencies are ultimately subordinated to the procreative function through the organization of genital primacy. In addition, in his essay *Sexual Aberrations*, Freud (1905) points out that there are subjects whom he groups as "inverted," identifying in them a total indifference or manifest repulsion toward the opposite sex.

Durán-Ávila (2021) notes that within this socio-historical context, academic interest in the subject intensified in the United States during the 1950s. It was during this period that zoologist Alfred Kinsey *et al.* (1953) developed a quantitative study evaluating homosexuality and heterosexuality, marking the inaugural use of the term sexual orientation, defined as emotional, romantic, sexual, or affective attraction toward another individual. Concurrently, an "X" category emerged in his findings, denoting individuals who are not inclined toward any group and typically opt for lifelong abstinence, as they do not enjoy sex (Durán-Ávila, 2021).

Meanwhile, the term asexual was formally introduced by Myra T. Johnson (1977), defining it in relation to women who have avoided and rejected the roles they have traditionally been forced to perform. Subsequently, Michael D. Storms (1980) expanded upon Kinsey's research to formulate a new conceptual scale, where this model measured eroticism levels across heterosexual, homosexual, bisexual, and asexual subjects, classifying the latter as exhibiting a baseline or zero level of eroticism. Recent critical scholarship further deconstructs these historic models by challenging pervasive allonormative biases and analyzing the medicalization of desire in contemporary sex research (Brandley & Labador, 2023; Brandley & LeMaster, 2025; Copulsky & Hammack, 2023; Isolani *et al.*, 2026). Crucially, contemporary clinical literature emphasizes that reductions in sexual desire or libido can also be mediated by occupational, systemic, and psychological stressors, particularly occupational burnout (Kovacs *et al.*, 2024). Distinguishing situational sexual desire reductions driven by physical or mental fatigue from a consolidated sexual orientation is essential for non-pathologizing clinical practice.

Currently, the American Psychological Association (APA) defines sexual orientation as an enduring pattern of sexual, physical, romantic, emotional, and/or spiritual attraction to individuals of another sex/gender, the same sex/gender, or multiple sexes/genders, explicitly acknowledging the plurality of sexes and genders beyond the binary system (APA, 2013; 2023a). These affirmative practice guidelines underscore the imperative to recognize non-normative sexual orientations and gender identities without imposing pathological assumptions (APA, 2023a; 2023b; Chavarría *et al.*, 2025; Walter & Aus dem Bruch, 2025). However, this institutional definition fails to incorporate asexuality. Sexuality has historically been understood through various paradigms, whether drive-based, functional, oppressive, or relational, which prompts the question of how self-identified asexual individuals define their own sexuality when freed from pathologizing presuppositions. Addressing this question requires examining asexual spectrum development as a consolidated, agency-driven identity process rather than the result of trauma or social oppression (Kelleher & Murphy, 2024; Mollet, 2023). Therefore, the objective of this study is to address the pathologization of asexuality by examining both its definition as a distinct sexual orientation and the unique ways in which it is subjectively experienced. This empirical inquiry is particularly crucial in Chile and the broader Latin American region, where research on sexual diversity faces significant empirical gaps, persistent social invisibility, and ongoing systemic challenges regarding mental health paradigms, along with prejudice, discrimination, and differential care based on individuals' sexual orientation or gender identity (Arancibia-Torrejón *et al.*, 2026; Crockett *et al.*, 2024; De la Cerda & Ramos, 2026; Guzmán-González *et al.*, 2025, Nettuno *et al.*, 2024). To this end, expressions of asexuality as a legitimate orientation—garnered from a comprehensive review of reports, empirical articles, case studies, and specialized literature will be contrasted against paradigms that traditionally pathologize the concept

In the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), a persistent lack of sexual interest or attraction in both women and men is categorized under sexual dysfunctions (APA, 2014). Specifically, these manifestations are framed as Female Sexual Interest/Arousal Disorder (302.72) and Male Hypoactive Sexual Desire Disorder (302.71). The diagnostic criteria require symptoms to persist for at least six months, not be accounted for by another medical condition or pharmacological effects, and cause clinically significant distress.

To provide a structured conceptualization of this phenomenon, Figure 1 outlines a multidimensional flowchart modeling the configuration of asexual experience, explicitly differentiating biological processes (libido) from psychological attraction and clinical dysfunctions. In this regard, Brotto *et al.* (2010) point out that asexual individuals generally report no intrinsic distress regarding their lack of fantasies, sexual interest, or attraction. This distinction reinforces the debate against categorizing asexuality as a mental health disorder,

highlighting it instead as a legitimate, foundational aspect of human diversity.

Recognizing asexuality as a legitimate sexual orientation is paramount to fostering its depathologization and destigmatization within society. Providing structural visibility allows asexual-identified individuals to access rigorous information, thus empowering them to explore and accept their identity free from the apprehension of medicalization. This shift directly contributes to a more inclusive and pluralistic social fabric. Furthermore, mental health practitioners must cultivate clinical openness to recognize that a stable absence of interpersonal sexual desire may simply reflect an asexual orientation rather than a nosological disorder.

2. Materials and methods

2.1. Study design

This research utilized a qualitative exploratory case study design (Flyvbjerg, 2006; Stake, 1995). Case studies are particularly well suited to idiographic investigations seeking deep, contextualized understanding of under-researched social phenomena within specific cultural settings (Creswell & Creswell, 2018; Hernández *et al.*, 2014; Patton, 2015). While empirical research on asexuality has developed significantly in Europe (Van Houdenhove *et al.*, 2014), literature on the subject remains scarce in Latin America (Faris & Esteban, 2018). Therefore, this qualitative case study approach allows for an in-depth exploration of how asexual individuals in Chile subjectively construct and embody their identities. The research seeks to understand how people who consider themselves asexual define their sexuality in the current Chilean context (Quintanilla *et al.*, 2020).

2.2. Strategy

Because the research question asks how asexual people define their sexuality through their discourse, we considered the semi-structured interview the most appropriate method, since it is designed to obtain textual data for discourse analysis (Quintanilla *et al.*, 2020). The interview contains six basic questions, focused on the person describing his/her experience as asexual: since the time when he/she feels asexual; how he/she relates to his/her partner relationships, if any; if his/her sexuality has caused him/her any discomfort; among others. These questions have been elaborated based on the diagnostic criteria of the DSM-5 for Female Sexual Interest/Arousal Disorder (302.72) and/or Hypoactive Sexual Desire Disorder in the Male (302.71) (APA, 2013).

The interview was conducted online via video call. Initially, they were informed about the purpose of the research and the confidentiality of their personal data, and they provided informed consent, which included their willingness to record the interview and authorization to analyze and use their answers for the study. Participants signed this consent via an online form, including their ID and full name.

2.3. Participants and sampling

A purposive, or criterion-based, sampling strategy was used, consistent with the scope of a qualitative case study, as it allows deliberate selection of informants with deep, experiential knowledge of the phenomenon under study (Patton, 2015). Inclusion criteria were: (i) individuals aged 18 or older, (ii) self-identifying on the asexual spectrum, and (iii) residing in Chile.

Participants were recruited through digital outreach via social media platforms (Instagram) and regional LGBTQIA+ support networks. While this recruitment strategy may introduce sampling bias, it has been widely used in research on similar topics (Van Houdenhove *et al.*, 2014). Two participants completed the entire protocol: Participant 1 (37-year-old male, residing in Coquimbo) and Participant 2 (25-year-old female, residing in Santiago).

2.4. Data collection

Data were collected via online semi-structured video interviews. The interview guide comprised semi-directive, open-ended questions designed to explore personal trajectories, relational dynamics, experiences with clinical or social pathologization, and subjective definitions of desire. The guide was formulated by contrasting DSM-5 diagnostic criteria for hypoactive sexual desire (APA, 2013) against depathologizing frameworks. Secondary digital tools (e.g., Synthia, 2026) were utilized exclusively for bibliographic indexing and literature search consolidation during the desk-research phase, with no intervention in data collection or analysis.

2.5. Data analysis

The collected data were analyzed through information categorization, using the model proposed by Izcara (2014). This framework consisted of three technical stages: (i) simplification of the information, (ii) categorization of the data, and (iii) drafting of the results report. The second stage involved categorizing information through an inductive process of conceptual classification (Tójar Hurtado, 2006). During this process, the qualitative material was systematically organized and condensed into structured thematic aspects.

In alignment with the exploratory scope of this case study, and to ensure a rigorous identification of patterns

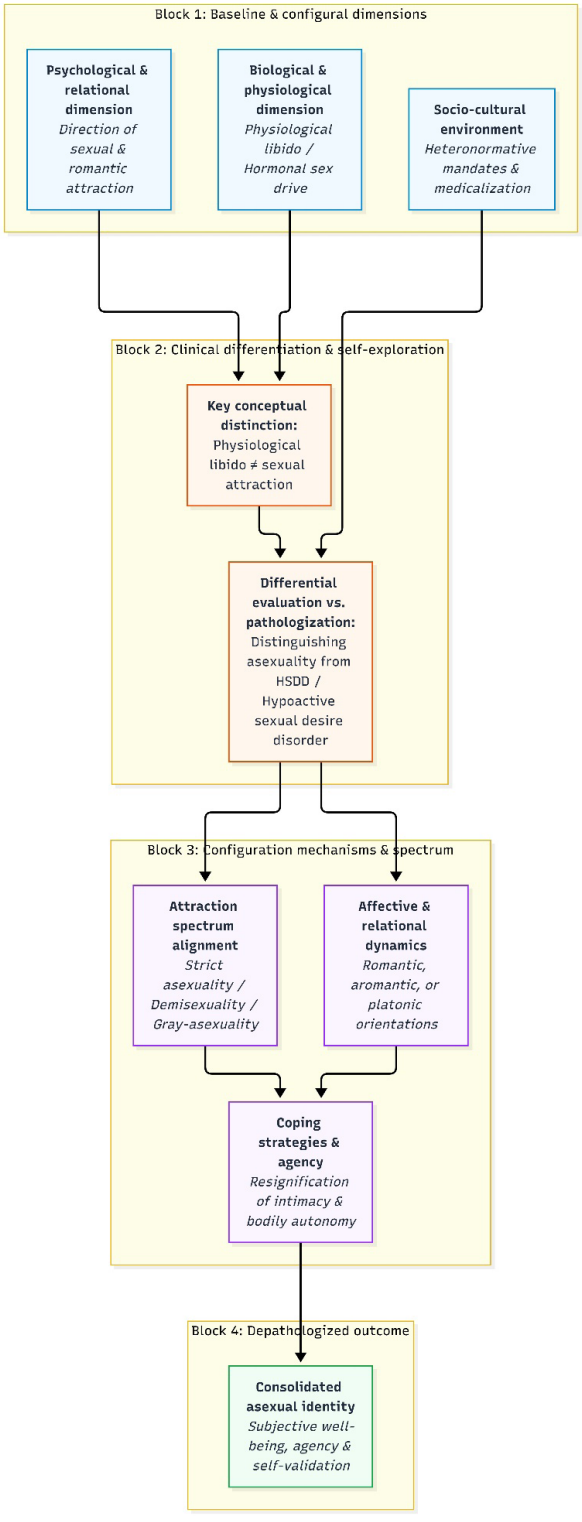


Figure 1. Flowchart of the multidimensional configuration and conceptual differentiation of asexual experience. The conceptual flowchart illustrates the multidimensional configuration of the asexual experience. The model explicitly delineates the baseline inputs (Block 1), the clinical and conceptual differentiation process distinguishing asexuality from medicalized conditions such as hypoactive sexual desire disorder (Block 2), the underlying spectrum mechanisms and relational dynamics (Block 3), and the consolidated, depathologized identity outcome (Block 4).

across the qualitative data, the coding process followed the thematic analysis framework outlined by Braun & Clarke (2006). This inductive process involved a recursive movement between data immersion, open coding, and the subsequent generation and refinement of overarching thematic categories that captured the core experiences of asexuality within the Chilean context. Rather than aiming for quantitative sample saturation, the analysis focused on thematic depth and narrative nuance. As a result, the material was structured into higher-order conceptual categories. Table 1 outlines this refined analytical matrix, detailing the main dimensions, conceptual categories, and sub-themes derived from the participants' accounts.

2.6. Ethical aspects

The present study was conducted in strict adherence to the ethical principles for research involving human participants outlined in the Declaration of Helsinki. Written and/or verbal informed consent was obtained from all participants before data collection, ensuring voluntary participation, full anonymity, and strict data confidentiality. The data collection instrument underwent expert judgment validation by three university academics within the discipline. Given the observational, non-invasive nature of the research, the study complied with local institutional and normative frameworks for minimal-risk social science research.

3. Results

The empirical data gathered through semi-structured interviews were systematically categorized into four main conceptual dimensions following Braun & Clarke's (2006) thematic framework. Figure 2 presents the overall thematic map outlining the conceptual network and hierarchical relationships between the overarching theme, core dimensions, and subthemes. Additionally, Table 1 summarizes the analytical matrix, and Table 2 provides representative empirical evidence across dimensions.

3.1. Differentiation of desire

The analysis reveals a critical conceptual distinction maintained by participants between physiological libido, sexual interest, and interpersonal sexual attraction. Far from describing a total or absolute absence of desire, participant accounts reflect low-intensity, context-dependent erotic experiences. Participant 1 articulated this distinction by highlighting that his orientation does not imply an absolute absence of drive: "Personally, in my case, I don't live it as a person who feels no sexual desire at all, but rather that in specific contexts and reduced frequency, I have felt sexual attraction... in small amounts."

Participant 2 reinforced this narrative by prioritizing relational and everyday pleasures over physical sexual performance, remarking: "It's not that I dislike sex, but I don't prioritize it. I'd rather eat something tasty." Furthermore, Participant 2 articulated an ambiguous boundary regarding strict identity labels, stating: "I don't see it as identical to a sexual orientation. But I don't feel 100% asexual." Rather than representing an analytical inconsistency, this boundary statement demonstrates that self-identification along the asexual spectrum operates as a fluid, non-binary continuum.

3.2. Embodied and aesthetic expressions

Participant responses differed regarding whether outward aesthetic choices and clothing function as intentional markers of asexual identity. Participant 1 identified a conscious relationship between personal styling and symbolic boundaries around physical intimacy, noting: "I like to dress with many details, with clothes that I would

Table 1. Refined analytical matrix and thematic structure

Analytical dimension	Conceptual category	Subthemes/Empirical indicators
Self-definition of asexuality	Differentiation of desire	Sexual attraction
		Disconnection between physiological libido and sexual attraction
		Fluctuating vs. low-intensity situational desire
		Distinction between romantic and physical intimacy
	Embodied & aesthetic expressions	Non-verbal identity markers
		Absence of necessary correlation between clothing/style and orientation
	Institutional & social spaces	Perceived allonormative pressure in healthcare / educational environments
		Digital platforms and peer support networks (e.g., AVEN, Instagram)
	Relational dynamics & stigma	Navigating partnerships with allosexual peers
		Resistance against clinical pathologization and social exclusion

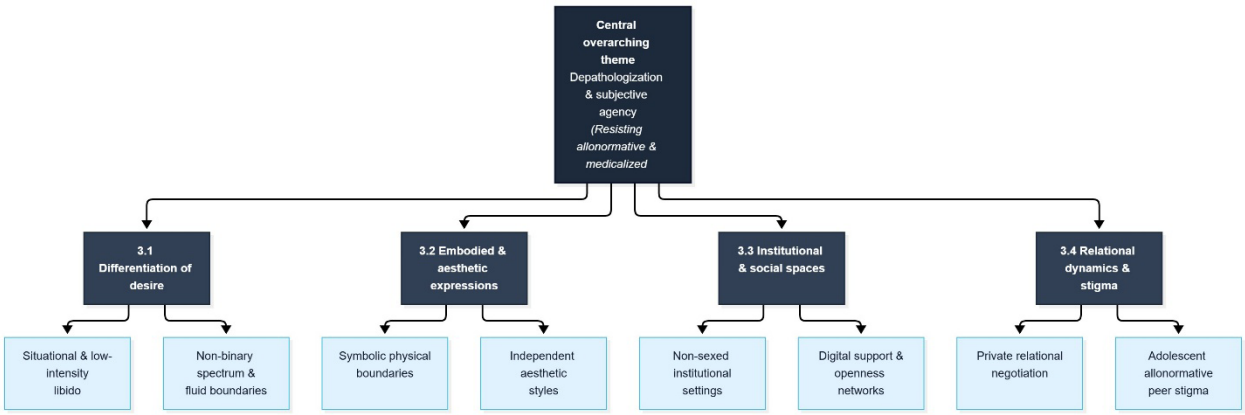


Figure 2. Articulated thematic map of asexual identity construction, social navigation, and relational dynamics

not want to take off to have sex." In contrast, Participant 2 observed no functional correlation between dress codes and asexual orientation: "Not really, there is no such thing for me," asserting that behavioral and aesthetic styles remain independent of sexual identity. These accounts show that aesthetic expression is highly individualized and does not follow prescriptive or monolithic identity scripts.

3.3. Institutional and social spaces

Participants identified a stark contrast between non-sexualized institutional settings and peer-led validation spaces. Institutional environments-such as hospitals, universities, schools, and care centers-were valued specifically because interpersonal interaction in these contexts remains disconnected from sexual expectations. In fact, participants defined these environments as "spaces where things happen that have nothing to do with that."

Concurrently, academic and digital spaces emerged as crucial environments for identity articulation and community support. Participant 1 highlighted the university and online platforms as key contexts for encountering diversity: "At university, you can share with more sexual diversity... I have had many friendships, and my best friend is also asexual, which creates a space of reciprocal respect." Digital networks and specialized social media groups emerged as key support structures for overcoming social invisibility, enabling participants to share experiences without fear of judgment. As Participant 1 noted regarding social disclosure: "If the conversation exists, I do not hide it."

3.4. Relational dynamics and stigma

Both participants prioritized romantic demonstrations, affective bonds, and intellectual alignment over genital sexual activity. Participant 1, who maintains a cohabiting relationship with an allosexual partner of the same sex, explained that sexual frequency is negotiated through private codes rather than normative pressure: "It is not very regular, but it is not that it does not exist; it has to do with the codes we handle in intimacy." Conversely, Participant 2 chose to remain single to focus on academic pursuits, avoiding energy expenditure on interpersonal conflict: "I would not want to spend my energy arguing over convictions."

Feelings of social exclusion were reported primarily during adolescence, driven by dominant peer expectations regarding sexual activity. Participant 1 recalled experiencing early peer stigma: "My idea of a couple was far from normal... a partner who was sexually active told about the things he did, and it made me uncomfortable... I felt prudish, a bit excluded." Collectively, these findings demonstrate that asexual individuals actively negotiate intimacy, construct meaningful romantic bonds, and resist allonormative pressure across different life stages.

4. Discussion

The subjective accounts gathered in this qualitative case study contribute to the growing body of critical literature advocating for the depathologization of asexuality, particularly within Latin American socio-cultural contexts characterized by severe empirical gaps, pervasive social invisibility, and systemic disparities in mental health (Arancibia-Torrejón *et al.*, 2026; Campos-Arias *et al.*, 2019; Crockett *et al.*, 2024; Faris & Esteban, 2018; Guzmán-González *et al.* 2025).

Rather than exhibiting clinical distress, functional impairment, or psychopathology, participants experienced their orientation as a valid, self-determined framework for understanding their emotional and relational lives. By

Table 2. Summary of conceptual dimensions, subthemes, and representative empirical evidence

Dimension theme	Subtheme code	Participant	Representative verbatim quote	Key interpretive finding
Differentiation of desire	Low-intensity context-dependent libido	Participant 1	"Personally, in my case, I don't live it as a person who feels no sexual desire at all, but rather that in specific contexts and reduced frequency..."	Sexual drive is not experienced as an absolute absence, but as a contextual and low-frequency phenomenon
	Non-genital priorities & fluid identity boundaries	Participant 2	"It's not that I dislike sex, but I don't prioritize it. I'd rather eat something tasty." "I don't see it as identical to a sexual orientation. But I don't feel 100% asexual"	Erotic priorities privilege non-sexual experiences. Self-identification operates along a fluid, non-binary continuum
Embodied & aesthetic expressions	Symbolic physical boundaries	Participant 1	"I like to dress with many details, with clothes that I would not want to take off to have sex"	Aesthetic choices function as intentional markers and protective boundaries regarding physical intimacy
	Independence of aesthetic style	Participant 2	"Not really, there is no such thing for me"	Dress codes and behavioral styles remain fully independent of asexual orientation
Institutional & social spaces	Non-sexualized institutional settings	Participants 1 & 2	"Spaces where things happen that have nothing to do with that"	Public/institutional settings (e.g., universities, hospitals) are valued for disconnecting interactions from sexual expectations
	Digital networks & peer validation	Participant 1	"At university, you can share with more sexual diversity... my best friend is also asexual, which creates a space of reciprocal respect"	Specialized social media and academic environments act as key support structures against social invisibility
Relational dynamics & stigma	Private negotiation vs. singlehood	Participant 1	"It is not very regular... it has to do with the codes we handle in intimacy"	Intimacy in mixed-orientation relationships is regulated through private codes. Singlehood is chosen to preserve personal agency
		Participant 2	"I would not want to spend my energy arguing over convictions"	
	Peer expectations & early stigma	Participant 1	"My idea of a couple was far from normal... I felt prudish, a bit excluded"	Social exclusion is primarily experienced during adolescence due to prevailing allonormative peer pressure

Note: To ensure structural conciseness and conceptual synthesis, several fine-grained empirical codes detailed in the qualitative narrative have been umbrella-clustered into higher-order thematic categories within the matrix as follows: **Section 3.1** (Differentiation of desire): The micro-codes fluctuating desire, low-intensity situational desire, and distinction between physical libido and attraction were subsumed under the umbrella subtheme "low-intensity/context-dependent libido." Additionally, label ambiguity and non-binary identification were clustered under "non-genital priorities & fluid identity boundaries." **Section 3.2** (Embodied & aesthetic expressions): The codes protective clothing barriers and intentional body boundary marking were grouped under "symbolic physical boundaries," while de-sexualized personal styling was integrated into "independence of aesthetic style." **Section 3.3** (Institutional & social spaces): The codes institutional safe havens and non-sexualized functional interactions were umbrella-clustered under "non-sexualized institutional settings." The micro-codes peer validation, online community building, and academic openness were grouped under "digital networks & peer validation." **Section 3.4** (Relational dynamics & stigma): The micro-codes distinction between romantic and physical intimacy, affective bond prioritization, and dyadic negotiation in mixed-orientation couples were subsumed under "private negotiation vs. singlehood." Finally, adolescent peer expectations, feelings of prudishness, and early exclusion were grouped under "peer expectations & early stigma."

explicitly echoing the theoretical critiques outlined in the introduction, these findings challenge legacy normative models—ranging from Freudian frameworks that subordinate sexual expressions to genital primacy (Freud, 1905) to early quantitative taxonomies (Kinsey *et al.*, 1953; Storms, 1980)—by demonstrating that asexuality operates as a legitimate, non-pathological sexual orientation rather than a developmental arrest or medical deficit (Brandley & Labador, 2023; Copulsky & Hammack, 2023). Recognizing asexuality as a distinct spectrum allows individuals to navigate their identity outside hegemonic allonormative discourses, providing empirical visibility to experiences historically medicalized or silenced since the emergence of contemporary asexual community discourses in the early 2000s (Faris & Esteban, 2018).

4.1. Conceptual differentiation: Libido vs. sexual attraction

A central theoretical contribution of this study lies in the empirical validation of the underlying mechanisms that separate basic physiological libido from directed interpersonal sexual attraction (Mora Montes & Mora Encinas, 2020). Mechanistically, physiological libido is a non-directed, neuroendocrine-mediated drive or bodily tension governed by hormonal fluctuations and autonomic arousal. Conversely, interpersonal sexual attraction involves complex socio-cognitive processing, relational appraisals, and psychological intentionality directed toward a specific individual. While dominant clinical diagnostic frameworks—such as the DSM-5 (APA, 2013)—collapse these distinct levels by equating low interpersonal sexual interest with nosological dysfunctions (e.g., hypoactive sexual desire disorder or female sexual interest/arousal disorder), our findings demonstrate that asexual individuals can maintain fully intact physiological libido (expressed through independent autoerotic behaviors, nocturnal responses, or contextual bodily arousal) while entirely lacking the psychological orientation or desire to translate that drive into interpersonal sexual activity.

This mechanistic separation directly challenges classical psychosexual paradigms reviewed in the Introduction. Specifically, it dismantles the teleological premise of Freudian theory (Freud, 1905), which posits that human drive development must naturally progress toward genital primacy and procreative interpersonal discharge. In our study, participants' ability to decouple bodily tension from interpersonal sexual motivation confirms that the absence of directed sexual attraction is not an indicator of "developmental arrest," "repression," or "inversion," but rather a normative variation in the architecture of human sexuality. This conceptual distinction aligns with early mixed-methods findings (Brotto *et al.*, 2010) and contemporary sex research (Copulsky & Hammack, 2023; Love, 2024), establishing that self-identifying as asexual neither implies physiological unresponsiveness nor organic dysfunction, nor does it preclude sexual activity, autoerotic behaviors, or genital arousal. By clarifying this neuropsychological mechanism, mental health professionals can prevent category errors in diagnostic practice, ensuring that low interpersonal desire is recognized as an orientation rather than misattributed to nosological pathology or untreated occupational stress and burnout (Kovacs *et al.*, 2024).

This distinction is grounded in our empirical findings, where participants described engaging in intimacy under negotiated conditions or managing physiological tension independently. Ultimately, this confirms that libido operates as a biological drive distinct from the psychological direction of sexual orientation, directly challenging historical assumptions that reduce asexuality to absolute physiological unresponsiveness (Isolani *et al.*, 2026; Mora & Mora, 2020).

4.2. Navigating the asexual spectrum and identity fluidity

Furthermore, Participant 2's assertion of not feeling "100% asexual" provides crucial empirical insight into the developmental mechanisms of identity construction along the asexual continuum, particularly regarding gray-asexuality and demisexuality. Rather than reflecting sample inconsistency or methodological ambiguity, this finding illustrates the dynamic, non-binary process through which non-allonormative individuals negotiate identity boundaries. At the mechanism level, asexual identity development operates through an ongoing process of cognitive appraisal, self-actualization, and relational renegotiation, wherein individuals actively evaluate the interplay between romantic desire, aesthetic appreciation, and situational erotic responsiveness (Brandley & Dehnert, 2024; Kelleher & Murphy, 2024; Mollet, 2023). In our study, this mechanism is instantiated in two distinct relational trajectories: while Participant 1 navigates intimacy in a mixed-orientation cohabitation through customized dyadic codes, Participant 2 strategically selects singlehood as an agency-driven mechanism to preserve emotional bandwidth and avoid conflict over normative expectations.

Moreover, this developmental mechanism echoes and extends the historical taxonomies outlined in our conceptual framework. While early foundational models—such as Kinsey's "X Category" (Kinsey *et al.*, 1953) or Storms' Eroticism Scale (Storms, 1980)—provided initial visibility by conceptualizing asexuality as a baseline or zero-level eroticism, they inadvertently reinforced a static, binary view of desire (erotic vs. non-erotic). Our empirical data demonstrate that self-identification along the asexual continuum is not a passive absence, but an active, agency-driven identity process where participants continuously re-signify their boundaries when navigating romantic partnerships and personal life choices (Copulsky & Hammack, 2023; Mollet, 2023). By positioning identity development as a self-actualizing journey rather than a consequence of psychological trauma, developmental inhibition, or social oppression, these findings reinforce contemporary affirmative models of sexual minority development (Kelleher & Murphy, 2024; Mollet, 2023; Walter & Aus dem Bruch, 2025).

4.3. Socio-cultural invisibility, stigma, and structural pressure

The socio-cultural dynamics observed in this study reveal the structural mechanisms through which allonormativity exerts regulatory pressure on asexual individuals within the Latin American context. Structural allonormativity—the pervasive, institutionalized presumption that all human beings naturally experience interpersonal sexual attraction and prioritize genital intimacy—operates as a coercive cultural mandate (Brandley & Labador, 2023; Brandley & LeMaster, 2025). Mechanistically, when asexual individuals navigate environments dominated by allonormative expectations (e.g., peer groups, educational institutions, healthcare settings), they experience chronic social invalidation, pathologizing gaze, and developmental isolation. In our study, participants' accounts of adolescent peer exclusion and distress surrounding normative sexual expectations demonstrate how these structural mandates generate minority stress early in life, forcing non-conforming individuals to internalize feelings of "abnormality" or "prudishness" (Chan & Leung, 2023; Walter & Aus dem Bruch, 2025). Within this framework, chronic minority stress and the lack of affirmative social validation operate as key drivers of heightened psychological distress and suicidality among asexual individuals navigating allonormative environments (Chan & Leung, 2023).

Furthermore, this socio-cultural invisibility is compounded by territorial disparities across Chilean regions. While central urban hubs such as Santiago offer greater access to specialized LGBTQIA+ support networks and diverse academic spaces, regional settings like Coquimbo present heightened structural barriers and scarcer local community resources. Consequently, the geographical location of asexual individuals directly conditions their access to physical validation spaces, magnifying reliance on alternative support networks to counter regional isolation (De la Cerda & Ramos, 2026; Faris & Esteban, 2018).

To counteract these marginalizing mechanisms, asexual individuals activate specific agency-driven coping strategies. In response to regional invisibility and systemic healthcare disparities in Chile (Arancibia-Torrejón *et al.*, 2026; De la Cerda & Ramos, 2026; Guzmán-González *et al.*, 2025; Nettuno *et al.*, 2024), reliance on specialized digital platforms (e.g., AVEN, Instagram networks) and open academic spaces functions as a vital psychosocial mechanism for counter-hegemonic worldmaking (Brandley & LeMaster, 2025; Mollet, 2023). As illustrated by Participant 1's trajectory, digital communities and university peer networks provide safe, non-pathologizing spaces where individuals acquire specialized vocabulary, validate their lived experiences through reciprocal recognition, and reframe their identity outside the medicalized paradigm. Digital community-building thus serves as an essential buffer against minority stress, fostering resilience, subjective well-being, and collective depathologization in socio-cultural environments where formal institutional recognition remains scarce (Chan & Leung, 2023; Faris & Esteban, 2018).

4.4. Clinical and public policy implications

The empirical findings of this study carry direct practical implications for clinical psychology, psychiatric diagnostics, and public health policy, both in Chile and across the broader Latin American region. Mental health practitioners must actively dismantle legacy pathologizing paradigms that automatically interpret the absence of interpersonal sexual desire as a symptom of psychological trauma, developmental inhibition, or nosological dysfunction. In alignment with updated affirmative guidelines (APA, 2023a; 2023b; Walter & Aus dem Bruch, 2025), clinicians should adopt non-stigmatizing diagnostic practices that respect subjective diversity. Mechanistically, this requires clinicians to rigorously distinguish situational reductions in desire—driven by occupational burnout, systemic stress, or chronic fatigue (Kovacs *et al.*, 2024)—from a consolidated, healthy asexual orientation. By clarifying these diagnostic boundaries, practitioners can prevent harmful category errors and avoid the unnecessary medicalization of non-allonormative individuals.

Furthermore, national anti-discrimination frameworks and public health training protocols in Chile and Latin America must explicitly integrate asexual spectrum identities to eliminate institutional bias and bridge the structural gap in mental health care (De la Cerda & Ramos, 2026; Guzmán-González *et al.*, 2025; Rodríguez-Castro *et al.*, 2023). Historically, public health policies and LGBTQIA+ affirmative programs in the region have focused predominantly on sexual orientations defined by same-sex attraction, inadvertently rendering asexual individuals invisible within institutional diversity frameworks (Faris & Esteban, 2018; Nettuno *et al.*, 2024). Incorporating asexual spectrum literacy into primary healthcare protocols and public mental health programs is essential to guarantee safe, prejudice-free clinical environments that honor individual agency and mitigate minority stress across the lifespan (Arancibia-Torrejón *et al.*, 2026; Chan & Leung, 2023).

Finally, addressing these institutional barriers demands an epistemic shift in academic curricula and professional training. Higher education institutions and clinical

training programs must integrate asexual-affirming communication pedagogy into their syllabi, equipping future psychologists, physicians, and social workers with the conceptual tools needed to recognize allonormativity as a regulatory social discourse (Brandley & Labador, 2023; Brandley & LeMaster, 2025). Promoting non-sexualized institutional spaces and affirmative professional practices not only protects asexual individuals from affective injustice and clinical invalidation, but also fosters a more pluralistic and inclusive healthcare ecosystem (Walter & Aus dem Bruch, 2025).

4.5. Limitations

This study has methodological limitations inherent to qualitative case study designs. The idiographic sample size (N = 2) precludes statistical generalization across the broader Chilean population. Furthermore, while the sample incorporates geographic and gender diversity (a male participant residing in Coquimbo and a female participant in Santiago), it lacks sufficient representation across lower socioeconomic strata, ethnic minorities, and older age cohorts, limiting the intersectional scope of the findings. Additionally, digital recruitment via social media may introduce self-selection bias, favoring individuals with higher digital literacy, greater access to online support networks, and prior familiarity with sexual diversity discourses. Notably, the challenges encountered during participant recruitment reflect not merely a sampling constraint, but a structural symptom of the pervasive social invisibility and allonormative stigma surrounding asexual identities in Chile.

Building on these foundational insights, future research should use multi-center, mixed-methods, longitudinal designs across diverse Latin American regions. Incorporating quantitative survey instruments alongside extended qualitative fieldwork will allow researchers to evaluate how regional culture, socioeconomic background, age, and gender identity intersect with experiences across the asexual spectrum. Finally, future studies should examine the efficacy of affirmative clinical interventions and public policy frameworks in reducing minority stress and enhancing subjective well-being among asexual individuals.

5. Conclusion

This exploratory study contributes to the growing body of literature seeking to depathologize asexuality within Latin American contexts. The findings highlight that asexuality is best understood as a fluid, diverse spectrum rather than a rigid, monolithic category, wherein physiological libido and interpersonal sexual attraction function independently. Expanding open academic and social discussion is essential to facilitate the self-identification and disclosure of asexual individuals in Chile.

For clinical psychology and mental health practice, these insights underscore the necessity of adopting non-allonormative diagnostic frameworks. Practitioners must cultivate clinical openness to distinguish situational sexual desire reductions—such as those induced by occupational burnout or systemic stress—from a consolidated asexual orientation. This epistemic shift enables clinicians to provide prejudice-free care that honors individual subjective experiences without automatically imposing medicalized pathologization when intrinsic suffering is absent.

Finally, future research designs must incorporate larger, representative samples across Chile and Latin America to achieve a comprehensive understanding of this identity. Advancing empirical knowledge on asexuality is foundational for informing inclusive public policies, anti-discrimination educational programs, and respectful clinical interventions that honor the full diversity of human sexuality.

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Conflict of interest

The authors declare no conflicts of interest related to the research.

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Ethics approval and consent to participate

Ethical approval was deemed unnessary due to the

minimal invasive nature of the study. The present study was conducted in strict adherence to the ethical principles for research involving human participants outlined in the Declaration of Helsinki. Written and/or verbal informed consent was obtained from all participants before data collection, ensuring voluntary participation, full anonymity, and strict data confidentiality.

Consent for publication

Oral informed consent was obtained from all participants prior to conducting the interviews. Verbal consent was used at the explicit request of the participants to protect their anonymity.

Availability of data

Data are available from the corresponding author upon reasonable request.

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