



“I am no male or female or any other, I have no sex”: a case report on asexuality

Abstract

A rather less investigated field of sexual orientation, “asexuality” is spread out within the dimensions on lack of sexual attraction or interest on sexual behaviour, and on self-identification issues, or in combination of these. As sex is considered to be one of the basic instincts of human beings which has been followed since centuries, growing reports of asexuality is a concern against the evolution theory. There is lack of studies to assess the exact prevalence of asexuality in Indian setup. Here we are presenting a case of a 20-year-old male, who presented with self-identity issues with no preference for any particular sexual identity.

Keywords: Desire. Sexual Behaviour. Gender Identity.

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Introduction

“Sex” as it is known to be one of the important basic needs of every animal, it generally refers to physical or physiological differences between males, females, and intersex. Whereas “gender” refers to social or cultural distinctions associated with their assigned sex at birth. Human sexuality refers to people’s sexual interest in and attraction to others, as well as their capacity to have an erotic experience and responses. Asexuality is a little known invincible grey area of sexuality which has been under constant focus in the recent years. What defines asexuality is still a matter of debate. Three different approaches can be used to define this. One based on sexual behaviour, one on sexual interest or desire, and one on self-identification or the combination of these. Although exact prevalence of this condition is not found, depending on the terms of definition around 0.6% to 5.5% of prevalence is found.[1]

Case

A 20-year-old, male, graduate, currently unemployed, Christian by religion, belonging from a lower middle socioeconomic class from Imphal, Manipur, India presented to psychiatry outpatient department (OPD) with self-identity issues. He found himself not conforming to the universally accepted male or female sex. He repeatedly tried to convince for the existence of some other sexual orientation that is on asexuality. He stated “I don’t know who has made this social norm! Well if I don’t get attracted to opposite sex or even same sex for that matter does it mean I am diseased? I don’t feel anything about sex. I consider human beings as humans

only not like a male or female. I don’t like the ways it’s been followed till and the behaviour which are restricted to that male, female boundary. I don’t want to consider myself as a male or female either. I don’t want to follow the trend which these stupid people are doing blindly from years”.

On general physical examination, no abnormalities were found without any signs and symptoms of gonadal dysfunctions with normal genito-urinary functions. No active psychopathology was found on his mental status examination. Although increased thinking about his uniqueness was present, his social functioning was not hampered and these thoughts were not much distressing to self. Interactions with friends and family were adequate. His masturbation was not affected but he did not used to fantasise any humans while doing, although the frequency of which is reduced (once in a month or so). No future ambitions of getting married and to procreate but rather living a solitude life with his friends and family together.

Hormonal assessments were within normal limits with normal ultrasonography (USG) of abdomen and compute tomography (CT) scan of brain. There was no history suggestive of head injury, seizures, or any organic states. History was negative for any childhood sexual abuse or any physical abuse. No history suggestive of transvestism or any gender identity problems was present.

Discussion

A person with no sexual desire may be diagnosed with hypoaffective sexual desire disorder or sexual aversion disorder,

or may be investigated for other medical problems. A decrease in sexual desire may be due to psychological or hormonal disorders (e.g. depression, hypothyroidism). But is low or absent sexual desire with no dysfunction in the social or behavioural aspects of life associated with asexuality, necessarily be associated with a disease? Currently, evidence does not suggest for the inclusion of asexuality in a disease spectrum.[2]

What causes asexuality is still a matter of debate. Studies show a number of factors were related to asexuality, like gender (more in females than in males), short stature, low education, low socioeconomic status, and poor health, delayed onset of menarche, age of realisation about the sexuality, religiosity, etc. may be a contributing factor although the exact satisfying reason could not be found.[3]

In a study done by Brotto *et al.*[4] in 2010 showed except for schizoid personality disorder among asexuals there were no higher rates of other psychopathology.[4] The authors could not find any scientific study done on asexuality in India and infers that further research in this area is at stake in a rapidly evolving society.

Conclusion

Asexuality, a rather less heard type of human sexuality has been under prime focus in recent years and increasing awareness through online support forms, internet blogs and campaigns compelled us for further exploration. This case report is an effort to address the hidden population of sexuality, especially in a country that cringes at the mention of topics related to sex.

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