

THE CULTURE OF HOMOSEXUALITY: LESSONS FROM RITES DE PASSAGE

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In his seminal work, *The Rites of Passage*, Arnold van Gennep (1960) described three categories of rituals with successive and distinct moments in ritual time: separation, margin and aggregation. Found in all societies, these rites accompany every change of place, state, social position and age. These rites indicate and constitute transitions between relatively fixed or stable conditions or state (Turner, 1964). The life of an individual in any society according to van Gennep is a series of passages from one state to another i.e. age, occupation. Progression from one group to another are enveloped in ceremonies whose essential purpose is to enable the individual to pass from one defined position to another which is equally well-defined. Since the goal is essentially the same, the rituals of progression share similarities in the sense that they possess the same beginnings and ends. Human life, for instance, is made up of succession of predictable stages from birth, puberty, marriage, parenthood, occupational achievement and death.

The first phase of separation comprises symbolic behavior signifying the detachment of the individual or group either from an earlier fixed point in the social structure or a set of cultural conditions. During the intervening liminal period or margin, the state of the individual is ambiguous as he/she passes through a realm that has few or none

of the attributes of the past or coming state. In the third phase of aggregation or incorporation, the passage is consummated and the individual is once again in a stable condition or state, accorded with rights and obligations, and subject to certain norms and standards of behavior of a clearly defined state or position (Turner, 1964). Rituals in this

sense are transformatory and the ceremonies associated with each passage serve to confirm the status of the individual within the group and in society.

Using his observations of initiation rites, Victor Turner has expanded the notion of margin or liminal period. He describes the individual during this period as structurally and physically invisible, one that is no longer classified and not yet classified. In effect, according to Turner (1964), the liminal personae (neophyte, initiate) is betwixt and between, neither here nor there and culturally defined as has been or will become. In contrast to the other phases, this period is lacking in symbolic references creating ambiguity in the individual's position or state in society. The innate ambiguousness characteristic of this phase allows for new categories of ideas and relations to arise as the person moves from destructured to a structured state of being.

Mary Douglas (1968) has asserted that notions of pollution and taboo are no more than rules which protect humans and societies from

ambiguity and dissonance. They create and preserve boundaries to insure moral and social order. Order is maintained by ritualized avoidance of ambiguity and indiscretion. She holds that what is unclear and contradictory according to our social definitions are regarded as ritually unclean. Hence, the liminal personae are universally regarded as polluting to others who have never been protected against them. They tend to be secluded partially or completely, from the realm of culturally defined and ordered states or statuses. In essence, they have physical but not social reality, hence they have to be hidden as their existence is a social paradox, a scandal.

Initiation rites are cleansing, purifying rituals which render the liminal personae as clean, holy and worthy of co-mingling with bona fide status members of society. Initiates are sworn to preserving and maintaining categories and associated norms of the new state. The initiate enters a new state of well-defined behaviors, roles and status. Once again, his/her existence become visible as the personal and social realities confirm and reinforce each other.

HISTORICAL PERSPECTIVE ON HOMOSEXUAL LIMINALITY

Historical events associated with gays and lesbians document an explosive and highly negative interactions between society and its institutional establishments and members of these groups. Homosexuality is part of the human experience from very early recorded history. The Kinsey Report, published in 1948 described sexuality on a continuum from exclusively heterosexual to exclusively homosexual, with a large degree of variation in the population. The report revealed that in their surveys, 10% of men described themselves as exclusively homosexual (NMALGH, 1996).

In the United States, most people became aware of the existence of gay and lesbian community following the Stonewall Inn incident in New

York City when police officers raided the gay bar on Christopher Street in June 1969. Raids were common previously, but what made this one prominent was the fact that patrons fought back and a weekend of rioting followed. This was considered the beginning of the modern gay rights movement.

The first documented hate crime against a gay man in the colonies was the murder of a French interpreter, Guillermo, who was killed by the Spaniards in Florida for being a traitor and a sodomite. The first law regarding homosexuality was passed in 1610, in Virginia Colony which assigned the death penalty for the crime of sodomy. In 1624, this penalty was enforced against Richard Cornish, master of the ship, Ambrose, who was said to have been hanged for "buggery" with very little evidence against him. Other colonies and later, states, followed the example set by Virginia Colony in passing laws making a sexual relationship between two consenting (same-sex) adults a capital crime. It was not until 1961 that Illinois became the first state to abolish its laws against consensual homosexual sex (NMALGH, 1996).

In 1924, the first gay organization in the United States was founded in Illinois. This group, The Society for Human Rights, published the first gay liberation magazine in the country. The Mattachine Society was formed in Los Angeles in 1951. It had an important role in forming what would become the gay liberation movement. The 1965 picketing of the White House by Mattachine Society Members to protest discriminatory employment practices, marked the first gay protest in this country. In 1955, The Daughters of Bilitis, the first lesbian organization in the United States, began publishing the magazine, *The Ladder*. Today, many organizations, such as the Human Rights Campaign, and the Lambda Legal Defense Fund, as well as individuals continue to work toward equal rights under the law for lesbians and gays.

Until 1973, the American Psychiatric Association classified homosexuality as a mental disorder. Homosexuality was considered a disorder by the American Medical Association until 1994, when "sexual orientation related disorders" was removed from its official policy. These classifications as illnesses and psychiatric disorders were used to justify cruel therapies for treating homosexuality. Examples of the types of treatments used for gay men were, castrating and vasectomies in the 1890's, hypnosis and lobotomies from the 1900's to 1960's, analysis and institutionalization from the 1920's to 1970's, aversion therapy and electroshock until the 1970's and abstinence from the 1890's to the present. While homosexuality is no longer considered a disorder, prejudice still exists within the medical establishment.

Despite advances in scientific links between homosexuality and biology, the belief that homosexuality is a choice and a preventable condition continues. A number of studies of identical twins who were separated at birth and raised in different environments have found a high correlation for homosexuality among them. A sibling study by Bailey and Pillard found a 52% correlation for homosexual identical twins, 22% for fraternal twins and 10% correlation for adopted, or non-genetic siblings. A study by Dean Hamer at the National Institute of Health compared the DNA of 40 pairs of homosexual brothers and were found to have in common a genetic marker in the xq28 region of the X chromosome. These studies strongly suggest a genetic component to homosexuality (Hamer & Copeland, 1994).

In studying the brains of gay and straight men who had died from complications of AIDS, neuroanatomist Simon LeVay (1993) found a size difference between the two groups in the INAH3, a structure within the hypothalamus which is associated with "male typical sexual behavior." This study suggests that there are some biological differences associated with homosexuality.

Although homosexuality is beginning to be accepted as a way of life with a probable biological and genetic basis, in many states, it is still illegal for two consenting adults of the same gender to have a physical relationship. It is legal, in many areas, to discriminate against lesbians and gays in areas of housing and employment. It is still not uncommon for families to disown a lesbian or gay family members once their sexual preference is revealed or discovered.

A lesbian informant related this incident about a co-worker. Both were involved in caring for a gay patient, Michael, in a hospital. One night, Michael's boyfriend called to check on his condition. Michael was fast asleep when the informant went to his room so she informed his boyfriend that she will ask Michael to call him when he wakes up. Before, she left work, the informant requested her co-worker to inform Michael when he wakes up that his boyfriend had called. Speaking in a normal voice, the co-worker agreed but whispered when she mentioned his boyfriend.

The informant surmised that her co-worker's need to whisper came from inside...stemming from her belief that being gay is something to be embarrassed about or something too rude to discuss or spoken of. If the patient had been a woman, the word boyfriend would not have been spoken in the same manner. Her voice was lowered by her own discomfort and not because of the patient's desire for confidentiality.

The formulations of liminality and of pollution by Turner and Douglas respectively, are instructive in understanding society's reactions toward homosexuals throughout history. Homosexuality is a non-category in a society with clearly defined states of being a male, female, mother and father. Survival of societies is rooted upon heterosexual reproduction supported by rituals with specific purposes. Homosexuality

with ambiguous gender roles and biological purpose threatens the universal classifications/categories upon which physical and social realities are built. Gays and lesbians are non-classifiable in ordered categories of social roles and biological purposes. Their liminality has no foreseeable consummation to a new state of logical and preexisting categories. No ritual can transform their state to confirmable categories of being male or female. Mainstreaming them threatens the reproductive basis of society and its survival. As demonstrated in the history, perceived threat by society may be manifested on an individual and institutional levels in the forms of discrimination, violence and avoidance.

The homosexual subculture

One distinguishing characteristic of culture is its language and symbols. This is demonstrated within the American gay and lesbian subculture through the use of expressions which communicate experiences not common to the popular culture. Some expressions have evolved out of a need for privacy. For example, the word family is used within the gay community to speak of being gay, especially in a public place where the words gay or lesbian may draw unwanted attention and possible abuse (for example, many of my clients are family, or two of the supervisors are family, but they keep it quiet). Sometimes, simply changing a pronoun from he to she or vice-versa is enough to avoid unwanted attention.

When someone is not out to family or some friends, it may be necessary to remove any signs of being gay which may be present in a home before a visit from parents, relatives or straight friends. This may involve removing books, photographs, and decorations and may also involve making an extra bedroom look as though it is being lived in by one of the partners. This may jokingly be referred to as straightening up, but it can be stressful

to put on a facade and can turn a surprise visit into an unplanned coming out.

While coming out is an expression which has entered popular usage to mean telling another person of one's sexual orientation, it is understood on a more complex level within the community. The expression, coming out to yourself refers to coming to the realization that one is or might be gay. This experience can be very positive, giving a name to many confusing thoughts and feelings. It is more often a negative experience, bringing about fear of losing the love and acceptance of friends and family and fear of sanctions against homosexuality from the primary culture. Coming out to yourself is the first step in the process, which must be followed by increasing self acceptance before one is able to come out to family or friends (O'Neill & Ritter, 1992).

There are many symbols within the gay community. The most popular one is the rainbow flag. It was originally designed by artist, Gilbert Bakerin, for the 1978 San Francisco Gay and Lesbian Freedom Day Parade. The first rainbow flag had eight stripes and was hand-stitched and dyed. The colors symbolized components of the community: hot pink for sex, red for life, orange for healing, yellow for sun, green for nature, turquoise for art, indigo for harmony and violet for spirit. In 1979, the flag was mass-produced, but because of manufacturing problems, hot pink and turquoise were dropped from the design and royal blue replaced the indigo (NMALGH, 1996). The six-colored version of the rainbow flag is recognized by the International Congress of Flag Makers and is now a widely recognized sign of gay and lesbian pride and diversity and is frequently displayed as a bumper sticker. The rainbow flag has inspired a variety of other symbols such as freedom rings - rainbow-colored anodized metal rings worn on a chain. The rainbow colors can be found in many displays as in computer mouse pads, pet collars, housewares and tattoos.

The pink triangle is a symbol whose roots can be traced back to World War II Germany. Gays were among the many groups targeted by the Nazis, though information is often excluded from historical accounts. Between 1933 and 1945 an estimated 25,000 to 50,000 men were sent to prisons and then to concentration camps, convicted of breaking a German law, which prohibited gay fantasies and sexual acts as well as kissing and embracing. In the concentration camps, each prisoner wore a symbol to designate their crime: red triangles for political prisoners, two yellow triangles forming the Star of David for Jewish prisoners, and pink triangles for homosexuals. The lowest class of prisoner was the gay Jew, wearing a yellow Star of David with a pink triangle superimposed on it. The gay prisoners were often treated more harshly by both guards and other prisoners. Gay liberation groups of the 1970's began using the pink triangle as a symbol for the gay rights movement, drawing attention to oppression and persecution in the past and present (NMGALGH, 1996).

The gay male community was one of the first groups affected by the AIDS crisis, in the United States. This experience has led to the development of many cultural symbols and groups indicative of support network for emotional, spiritual and physical well being. Lesbians and gays have contributed to all areas of the arts, film, music and comedy. The artistic community has made contributions in the fight against AIDS. These groups, as well as many individual actors, and artists have used red ribbons and public support of AIDS fund raisers to heighten public awareness.

A contribution of gay men to the style of humor or satire known as camp is based on exaggeration and androgyny. Within the gay community, the term most often refers to gay men assuming a flamboyant feminine manner in order to entertain, such as performing in drag. Camp can also be seen as a form of psychological "self-defen-

se, especially in the past, where gay men could use sharp, creative expression to make fun of themselves, creating comedy out of what could be the target of criticism and abuse by bigots" (NMGALGH, 1996). There is also a tradition of lesbian camp, with a present day example in comedienne Lea Delaria.

A pride march is a public celebration in the form of a parade of lesbians and gays to proclaim the pride and unity of gay people. The biggest pride march takes place in the last weekend in June in New York City, in commemoration of the Stonewall rebellion. In 1994, the twenty-fifth anniversary of the rebellion, brought lesbians and gays from all over the world to New York. Many other cities and towns around the world also celebrate with pride marches and festivals throughout the month of June. The pride march, or parade is usually not an isolated event. Usually at the end of the march or parade, there is a festival with entertainment and vendors selling food and all kinds of merchandise. Clubs and organizations sponsor dances on the evening before the march or on the night of the march so that the gay community can gather for a weekend of celebration. The event promotes spiritual and mental health through its themes of unity, pride and self-esteem. There is a greater acceptance of diversity at gay pride events than at most any other public gathering.

Bars used to be the only place that gays could go to be open about their sexuality and meet other gays. Today, bars and dance clubs continue to be a major social outlet for many, especially younger gays and lesbians as they are for many straight young adults. Because of an increased focus on health in the United States, and because of an increased focus on drinking and driving and alcohol abuse, many in the community sponsor social activities that exclude use of alcohol and smoking in bars. Groups focused on outdoor and sporting activities have increased. Alcoholics Anonymous

sponsors lesbian and gay meetings and from these many friendships and social activities excluding alcohol have developed.

While each lesbian or gay individual in this country functions on a daily basis within the dominant culture, it is natural and healthy to join together as a subculture. Sharing the burden of common adversities and abuses as well as sharing the joy of celebration of homosexual dignity and pride, serves to strengthen each member of the community and unite the community as a whole.

Attempts by both members of the gay and lesbian community and their supporters to identify and institutionalize cultural markers of the group minimize the marginal existence of homosexuals in society. Unlike other groups with evident identity defined by biological features, language and geographic region, absence of clear markers increase ambiguousness of homosexuality. Ambiguity serves two opposing purposes. On one hand, it provides a safety net for those unwilling or not ready to come out. For those who have decided to come out, ambiguity becomes a persistent struggle to define one's identity to others by using symbols or markers apart from their physical and other indigenous characteristics.

A lesbian informant provides this anecdote. After a semester in school of high achievement in the midst of personal and occupational hurdles, her partner encouraged her to spend on her favorite hobby, quilting. She went out and bought costly materials from this store. In her excitement, she told the store clerk that her partner rewarded her achievement by indulging her quilting hobby. The clerk responded, I hope he has children who will enjoy these in the future. The clerk's assumption that she has a male partner was unexpected and although she has come out, she was ambivalent about what to do in this situation. Because of absence of clear markers, being a homosexual puts this informant in a state of limbo, requiring her to

consistently decide whether she should declare and affirm her identity to outsiders.

MARGINALITY IN HOMOSEXUAL RELATIONSHIPS

Special relationship issues are present within the gay and lesbian community which do not exist in heterosexual society. Because gay or lesbian relationships cannot be legally recognized by marriage, there is less social support and acceptance. Married heterosexual couples enjoy more rights and privileges than homosexual couples who may have been living together in a committed relationship for many years. Heterosexual couples enter their relationship with the belief that it will last forever, in spite of divorce statistics. The gay community lacks role models of gay couples that have been together for many years. Established gay couples tend to be older and associate with other couples their age outside of the gay social life that attracts a younger crowd. In contrast, role models for heterosexual couples are readily available in parents and grandparents with long term relationships who maintain close contact with family members of various generations (Berzon, 1989).

While holidays and family gatherings can help to bind families together, they tend to be challenges to gay couples. If the members of the family of origin do not fully accept the homosexuality of another member, they are likely not to accept his/her relationship and partner as well. Holidays are a time when families gather together and such occasions may provoke conflicts between loyalty to the family of origin and loyalty to a partner (Berzon, 1989).

An additional problem may be faced when a gay relationship is not acknowledged by family and coworkers. Persons in a happy long term relationship may be treated as single by others, and set up as a potential dates for single, heterosexual friends. Lesbians may find themselves the object

of pity for being an old maid (Berzon, 1989).

Lacking role models and support from family members and society in general, keeping a stable relationship among homosexuals becomes problematic. Most gays past their twenties would say that they are seeking a stable, long-term relationship. The tendency is to enter relationships and become serious quickly, without a real courting, or dating period. Once the relationship becomes difficult, partners leave rather than working on developing the relationship. Seeking counseling by homosexual couples is increasing.

The gay community is seeking rights to marry legally. There are numerous legal rights and responsibilities associated with marriage which are denied to gays and lesbians in committed long-term relationships. On December 3, 1996, the court in Hawaii has ruled that the state had failed to show a compelling state interest in continuing discrimination against same sex couples. The state immediately appealed the decision. No marriage licenses can be issued to same sex couples while this case is under appeal. The final decision is expected to be issued by the Hawaii Supreme Court by the end of 1997. In anticipation of this decision, the Defense of Marriage Act was passed by Congress and signed by President Clinton. This act allows states to pass laws allowing a legal marriage in one state to be considered invalid in another. Gay couples could not marry in Hawaii and return to their own states and be considered legally married if their home state chooses not to recognize the marriage (Red Wing & Buermeyer, 1997).

Health insurance coverage may not be as readily available for lesbians and gays and their children. Lesbian and gay couples in long term, committed relationships cannot marry, and very few companies will extend health care benefits to an employee's partner. Because women tend to work in lower paying jobs than men, for most lesbians, health insurance is unaffordable.

VIOLENCE AND HOMOSEXUALS

In the same way that physical abuse is found in many straight relationships, battering occurs in lesbian and gay relationships. It is less likely to be viewed as ongoing domestic violence by the police and healthcare workers because the relationship in which the violence exists is not recognized. Mainstream society tends to associate spousal battery with heterosexual couples with presumption of unequal power between men and women. A gay man experiencing domestic violence may have no place to turn, and a lesbian may not be accepted by shelters when the abuser is another woman. When the police becomes involved they may take no action at all or may take the wrong person to jail, assuming that the larger person is the abuser (Douris, 1997)

Few gays can say that they have not experienced some form of gay bashing, in the form of verbal or physical abuse. Victims of violent crimes may not be open about the motivations for the attack or the details of the crime with police or emergency room personnel. In her book, *Eight Bullets*, Claudia Brenner (1985) recounts the events of a camping trip when she and her partner were shot at eight times by a stranger who had identified them as a lesbian couple. My self-protection as a lesbian never stopped functioning, even in the depths of this tragedy. While still bleeding, while they were the only help I had, I withheld from the police both my relationship with Rebecca and what I knew had been the motivation for the attack. I continued to do so when the direct threat to my life was past. Far from feeling uncooperative, I withheld the information out of terror. Someone had just shot us for being lesbians. Why would I allow yet one more unknown man to know that fact? Health issues

There are several special health concerns within the community. In 1981, the CDC released information about the growing numbers of cases of pneumocystis carinni pneumonia among gay men. There

was also an increase in the number of cases of a rare cancer, Kaposi's sarcoma. The researchers, who began to link these two diseases to gay men, inaccurately named it Gay Related Immune Disorder and attempted to associate it to the use of amyl nitrite. By the end of 1981 the disease was also being observed in intravenous drug users (NMALGH, 1996).

The response by the gay community was swift and focused. In 1982, the Gay Men's Health Crisis was formed. This nonprofit organization based in New York City raised funds for research and trained volunteers to educate the community and respond to questions and concerns about the disease. In contrast, the government and the heterosexual community responded more slowly to the AIDS crisis as they have viewed it as a disease of gays and drug addicts. In 1985, the then Secretary of Health and Human Services, Margaret Heckler, stated, We must conquer AIDS before it affects the heterosexual population. Jerry Falwell, in 1983, referred to AIDS as the judgment of God, whereas, children and blood transfusion recipients who became infected with AIDS were called innocent victims. Many perceived AIDS as justification for prejudice and discrimination against gays (NMALGH, 1996).

The AIDS virus was not isolated until 1984, and the first blood test was available in 1985. The AIDS Coalition to Unleash Power was founded in 1987 as a direct action, confrontational group. ACT UP's first protest was in the financial district of New York City, demanding that the Reagan administration allow for the approval of new drugs to fight AIDS. It was during this same year that AZT, the first anti-viral agent against AIDS was licensed by the FDA.

AIDS has had a dramatic impact on the lives and relationships of many within the community. Similarly, AIDS has had a profound impact on this group's health practices and cultural lifeways. Gays mobilized resources to form treatment centers and

clinics, establish organizations to generate funding for related projects and develop support networks for people with AIDS and for those who have lost a loved one to the disease. Films, art, music, literature and even comedy have all served as outlets for the pain and loss suffered by the gay community.

The gay and lesbian community has been responsible for drawing the attention of the American public to the AIDS crisis and drawing research and treatment funding to the crisis, as well. Organizations such as DIFFA, Design Industries Foundation Fighting Aids, and Visual Aid: Artists for AIDS Relief have provided financial support for AIDS research as well as assistance for people with AIDS. The gay community, through organizations such as Gay Men's Health Crisis has promoted safer sex education both within the community and for the heterosexual public. Literature, information, free condoms, dams and latex gloves are available at many public or social gathering of gays.

The lesbian community has recently focused on research and treatment of breast cancer. Many lesbians are at increased risk of breast cancer. The lesbian community has also placed increased emphasis on safer sex between women, in order to avoid sexually transmitted diseases, including AIDS.

The Gay and Lesbian Medical Association is available to make referrals to any of the sixteen hundred practicing lesbian and gay doctors across North America, for individuals who feel more comfortable with a gay doctor.

Applying rituals of incorporation

Despite gains by gays and lesbians in societal recognition and tolerance, more effort is needed to hasten their incorporation into mainstream society. More research and dissemination of findings are needed regarding the biological basis of homosexuality. Open discussion of research findings by the scientific community will lend credence to this information. Recognizing the biological basis of homosexual behavior prevents sequelae of blaming

the victim and scapegoating. It moves society away from the myth of homosexuality as a lifestyle choice. Linkage of homosexuality with biology opens more scientific research into the phenomenon and permits affirmation of experiences of homosexuals.

Homosexuals and their health-related concerns and problems should become part of any health profession curricula. Homosexuality per se needs to be studied apart from AIDS or other diseases associated with it. Being gay or lesbian involves psychological, social and cultural risks oftentimes resulting to emotional crises. The experience of homosexuality occurs in various phases, each one fraught with emotional turmoil and profound personal risks. Unlike other transitions in life, the coming out process for homosexuals is not heralded as a process of becoming by both family and society. In contrast to other life passages, coming out does not result in definitive movement to an acceptable category within the social structure. Hence, a homosexual teen is likely to be in constant state of acute stress, tension and potential crises.

Health professionals are likely to be faced with psychosomatic complaints since psychological states which are risky and unacceptable are likely to be manifested as safe, somatic complaints. Lacking a network of support systems, health practitioners are most likely the first contact with a caring support system outside of an individual's family and friends. Value clarification and self-awareness are essential in developing caring, non-judgmental health care practitioners who may be called upon to intervene between the individual and his/her family and at the same time play a key role in the support for both the homosexual and his/her family.

Curriculum should consist of the process of knowing about homosexuality, its cultural expressions, language and symbols. An awareness of the sociocultural context of homosexuality promotes empathy for the gay or lesbian by health care pro-

viders. Culturally competent care for homosexuals is an expectation of any care giver. Anticipating health care risks needs to be merged with genuine advocacy and sensitivity to the individual. A lesbian informant has stated that going to an Obstetrician for gynecological examination is an experience in self-denial rather than affirmation. The physician and the staff have a tendency to assume that being female is associated with child-bearing and sexual activity with a male. The need for practitioners to avoid making universal gender-based assumptions about people has to be addressed in school. In communicating with clients, health care givers should use appropriate language which minimizes universal classifications/categorization of people. To do otherwise is tantamount to creating biased expectations and stereotypes.

Knowing support groups available for homosexual clients is critical in caring for individuals who are likely to suffer rejection by family, friends and peers. Health practitioners should attempt to go beyond naming these support network and find out the various services each one offers. Exposure of health professionals to these groups will acclimate them to the culture of homosexuality and enable them to make appropriate recommendations to their clients.

As pointed out by van Gennepe, Turner and Douglas, the problem associated with homosexuality is societal and cultural in origin. Mainstreaming efforts require institutionalization of its homosexual culture and its symbols. The onus of institutionalization lies in participation and acceptance by professional groups whose actions and ideas wield influence upon others. By demystifying homosexuality, less suspicion and fear will be generated towards this group. Communicating updated knowledge and skills to the public-at-large will serve to enlighten other sectors of society about the humanistic principles applicable to all people regardless of sexual orientation.