Heterosexism in Nursing Education

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ABSTRACT

If we are to take seriously the challenge of teaching nursing students skills in critical thinking, as nurse educators we must examine the most difficult issues facing society and nurses. Heterosexism and the resulting homophobia are such issues. This article provides an introduction to the concepts of heterosexism and homophobia and describes how they intersect and are revealed in nursing education. The consequences of heterosexism and homophobia are illustrated using examples from our experiences as lesbian and heterosexual nurse educators. We conclude with an action plan for undermining heterosexism and homophobia.

Heterosexism and homophobia pervade the culture, and each of us, regardless of sexual identity, risks experiencing its harmful effects. Although homophobia did not originate with us, we are all responsible for its elimination, and therefore, can all gain by a closer examination of the issues (Blumenfeld, 1992, p. 17).

Nursing reflects the larger culture of which it is a part. Thus we can expect to find in nursing the same values and beliefs that we see in society at large. Heterosexism is one of those values and belief systems. This article provides an introduction to the concepts of heterosexism and homophobia and then describes how they intersect and are revealed in nursing education. Throughout this article, the consequences of heterosexism and homophobia are illustrated using examples from our experiences as lesbian and heterosexual nurse educators. We conclude with some suggestions for addressing heterosexism in nursing education and hopefully attenuating its harmful homophobic and oppressive consequences.

We do not assume that our experiences reflect all nurses’ experiences of heterosexism. We are well-educated, middle class European-American women, and we self-identify as lesbians or heterosexuals. We recognize that women of other classes and racial and ethnic groups will experience heterosexism in different ways, as will gay men, bisexuals, transsexuals, transgendered persons and heterosexual men. We hope that by sharing our experiences, other nurses, nursing students, and nurse educators will be encouraged to explore ways in which they, too, are affected by heterosexism.

Background

This article evolved from discussions among lesbians who attended the 1993 Critical and Feminist Inquiry in Nursing Conference in Atlanta, Georgia. While, over the past 5 years, this conference has provided a forum for discussion of a number of issues, racism and heterosexism have been especially difficult topics to consider. Several lesbians were concerned about the ways in which heterosexism was expressed at the conference as well as in academic settings. We decided to develop and present a paper at the 1994 conference addressing the topic. As we worked on the ideas for the presentation, our understanding that heterosexual women are also adversely affected by heterosexism prompted us to invite two of our heterosexual colleagues to join the discussion. We approached the discussion from our feminist perspectives which represent a
range of feminist thought. Our common interest was to examine heterosexual privilege and subsequent oppression as it is expressed in nursing and particularly nursing education. The topic is especially relevant at this time, given the numbers of non-heterosexual clients who seek health care from nurses.

Some of our experiences lead us to believe that discussions about heterosexism are particularly challenging. So we invite you to engage with us in a journey that may be difficult but which we hope will lead to more powerful connections among nurses. We believe such connections will ultimately contribute to a better health care system and a world in which we can all live in recognition and celebration of our differences.

Heterosexism and Oppression

Heterosexism is a belief that the only right, natural, normal, god-given, and therefore privileged way of relating to each other is heterosexually. While some same-sex relationships are sanctioned (for example, mother-daughter or father-son relationships or non-sexual relationships between same-sex people), opposite sex relationships are privileged both socially and legally.

Heterosexism is one of many intersecting forms of oppression present in U.S. society today, and its dynamics are similar to those of other oppressions. Oppression is a process—it is constituted within and through a complicated and dynamic network of asymmetrical power relations. Asymmetrical power relationships develop based on the construction of difference along with a preferential valuing of some differences over others (for example, in this culture, being a white, heterosexual, financially successful, Christian, intelligent, educated, clean, able-bodied man is highly valued). Members of society are then assigned to the different groups (i.e., male/female, black/white, lesbian/straight), so that everyone can know (or assume they know) whether they are dealing with a more or less valued member of society in relationship to themselves. Negative stereotypes are then assigned or accrue to “others,” the lesser valued, and individual and institutional practices develop which sustain the stereotypes, the subordination of the lesser valued group, and the privilege of “us,” the more valued group. Laws, customs, policies, religion, education, and economics all work to reinforce existing stereotypes which then sustain the oppression of some and the privilege of others. In this society, heterosexuals occupy the position of privilege, and non-heterosexuals are considered “other.”

Development of Heterosexism

Widespread cultural conditioning leads members of society to believe that heterosexual relating is or should be the only normal, accepted way to express one’s sexuality. Cultural conditioning ensures that heterosexual does not appear to be a cultural artifact, but is made to look natural or biological and beyond both questioning and human manipulation. Conditioning to this way of thinking begins at an early age and in such a pervasive way that it escapes our conscious awareness. Heterosexual conditioning starts in childhood with the stories and myths of marriage to the handsome prince and happily-ever-afters that are seldom questioned. The process continues through the media in the form of cartoons and children’s programming, where an image of family is constructed that includes heterosexual parents and their assumed-to-be heterosexual children. We have “evidence” from the prehistoric Flintstones that the world has always been heterosexual and from the futuristic Jetsons, that it always will be. Heterosexist images dominate advertising, popular magazines, situation comedies, and weekly series where men and women are almost always portrayed as either in male-female couples or looking to be coupled with someone of the opposite sex. Rumors that comedienne-actress Roseanne Arnold would kiss another female on her television sitcom, Roseanne, was recently cause for major alarm, while increasingly explicit heterosexual sex is standard and apparently acceptable television fare. Even the newscasts and news shows such as 20/20 provide heterosexual images by giving us male and female duets for the broadcast of the news. Educational experiences and religious training reinforce the belief that heterosexual relating is highly desirable and exclusively normal. Rarely are the contributions of non-heterosexual women and men taught in schools, and if they are mentioned, it is without noting their homosexuality. As Julia Penelope (1990) noted, “There’s only one dish on the social menu—heterosexuality—and we are given to understand that we swallow it or go without” (p. 91).

Additionally, we all get the message that there are serious consequences related to challenging the heterosexual imperative.

I am aware that writing this paper won’t get points for me within the institution where I am employed. More fundamentally, it may shut me out of heaven. Strong messages, many of them Biblically based (starting in Genesis with “therefore shall a man leave his father and mother and cleave unto his wife, and they twain shall be one flesh. What God has put together, let no man put asunder”) pertain to the ways in which I have, without attending consciously to the process, put my world together as a presumed heterosexual one.

Since we learn that heterosexuality is the only right and normal way to be, by extension we tend to assume that everyone is heterosexual. This presumption of heterosexuality protects people from experiencing or examining their discomfort with gays, lesbians, bisexuals, transsexuals and transgendered persons. As a survival strategy, those who are not heterosexual often count on the assumption of heterosexuality or believe that they have to lie about who they are in order to be safe or acceptable. Thus everyone colludes to create a situation in which people are able to avoid confronting oppression that results from heterosexism.

May 1996, Vol. 35, No. 5
The political implications of heterosexuality for women have been examined by a number of lesbian scholars including Rich (1980), Raymond (1986) and Hoagland (1988). Adrienne Rich, who addressed the concept of compulsory heterosexuality, claimed that heterosexuality is a political institution which ensures male rights to physical, economic, and emotional access to women (Rich, 1980). Jan Raymond noted that in our hetero-relational society, most of women’s personal, social, political, professional and economic relations are defined by the ideology that woman is for man. As a result, men presume access to women while women remain riveted on men and are unable to sustain a community of women (Raymond, 1986). In examining the relationships between men and women in heteropatriarchy, Sarah Hoagland concluded that heterosexuality is a way of living that normalizes and enforces gender stereotypes as well as the dominance of one person in a relationship and the subordination of another (Hoagland, 1988).

**Heterosexism in Nursing and Nursing Education**

Heterosexism reinforces rigid gender role expectations, limiting both males and females with regard to the emotions and actions in which they can comfortably engage. Nursing is a female-dominated profession and when males become nurses they risk challenging traditional gender roles and stereotypes. Thus, male nurses are often assumed to be gay. One male nurse’s ability to engage in caring was diminished because he wished to distance himself from this assumption, as noted in this example:

I was close to finishing data collection for my dissertation and I found something that was very disturbing to me in the data. Male critical care nurses seemed to relate to their patients very differently than female nurses. In every case that I found, there actually seemed to be a lack of connection between the male nurses and their patients. When I shared this finding with one of the participants, he indicated he was very conscious of not demonstrating caring behaviors towards patients. He related that he did not want people to see him demonstrating “feminine” characteristics. At first, this seemed to be related to his understanding of socially prescribed gender roles. As he continued to describe the situation, it became clear why he felt this way: “The other thing I have to justify is my sexual preference. The stereotypes of just entering into an opposite gender dominated profession—if a male goes into nursing, does that mean he’s gay—type of thing. Until people get to know you, a lot of people wonder, if he is a homosexual because he is a nurse.” This nurse, married with one child, also related that he felt that he could not be a good husband and father if others thought he was homosexual.

This is only one example of how heterosexism is revealed in nursing practice. Most of our experiences related to heterosexism have occurred in nursing education settings, where we have observed many manifestations of it. Nursing theories and textbooks that present families as consisting of a male and female heterosexual couple and their children, or that delete mention of same-sex relationships, are heterosexist and serve to sustain heterosexual privilege by assuming that heterosexuality is the exclusive way of being in the world. (See Allen [1988] and Meyer & Rosenblatt [1987] for critiques of textbook approaches to families with regard to heterosexism). As nurse educators, we perpetuate the notion of mandatory heterosexuality by adopting theories of growth and development that are inherently heterosexist. For example, Erikson describes developmental phase five as including a dimension which he labels “sexual identity versus bisexual diffusion.” He asserts that during this phase the adolescent must “resolve his bisexual conflicts and eventually feel identification with his own sex role” (Maier, 1965, p. 59). There are numerous other examples in Erikson’s model that presume heterosexuality as the only way of being. Unfortunately in many nursing classes in which we have been involved, there is no emphasis on critique of such models. Rather students are encouraged to learn the model and use it to evaluate clients’ developmental appropriateness. The heterosexual assumption is rarely questioned and may do a disservice to clients who do not fit this model. The heterosexual assumption again serves to make lesbian and other non-heterosexual existences invisible.

Lesbians are made invisible in other ways in nursing education. In nursing history courses, nursing foremothers are always presented without reference to their sexual orientation, thus colluding with the assumption that everyone is heterosexual. This is due in large part to the predominance of historical scholarship conducted from a heterosexual perspective. As Richards (1993) notes, it is difficult for historians and biographers to understand women’s lives (and women’s partners) when they are viewing women and their relationships with other women through heterosexual eyes. In her book, titled *Superstars: Twelve Lesbians Who Changed the World*, Richards analyzes historical documents from a lesbian perspective and presents evidence that nurses Lillian Wald and Florence Nightingale were lesbians. As noted above, one of the ways heterosexism is sustained is through making non-heterosexual existence invisible. The pain of such invisibility is felt by lesbian nurses:

Being a lesbian means that a big part of my life is invisible, even when I am "out." I guess that straight people have such a hard time getting the concept "lesbian" or dealing with their discomfort with the idea, and for some it is just too hard, so they ignore my "lesbian-ness." It reminds me of a story I read by Vivanne Louise (1990), where lesbians were invisible to everyone except other lesbians. It’s hard to describe exactly, but I know that after I’ve been away from home, at a meeting or something, and around mostly heterosexual women, I really need to go home and just spend time with my lesbian friends. There is something really powerful about being around other lesbians, women like me, and something really de-energizing.
in being around people to whom the most important things about me go unnoticed. For me, this “invisibility of lesbians” is one of the most subtle and most frustrating aspects of heterosexism.

Heterosexism and Homophobia

To be heterosexist is to value and see as “normal” prescribed male-female gender dichotomies and to devalue anything other or label “abnormal” that which breaks down those prescribed dichotomies and divisions. In this view, homophobia and lesbian phobia are related to heterosexism. If one is heterosexist, then one will devalue lesbians and other non-heterosexuals.

The word homophobia means an irrational fear (phobia) of lesbians and gays (homo). This fear extends to bisexuals, transsexuals and transgendered persons. Activists and theorists have pointed out that homophobia usually refers to a great deal more than just fear of homosexuals. Homophobia also refers to negative reactions to people’s fear including hatred, harassment and acts of violence. Pellegrini notes that there may be more than one kind of homophobia: heterosexual men’s homophobia toward gay men, heterosexual men’s homophobia toward lesbians, straight women’s homophobia toward lesbians, straight women’s homophobia toward gay men, and in the case of internalized homophobia, the hatred and fear of non-heterosexuals toward themselves (Pellegrini, 1992).

Examples of homophobic behavior include demeaning jokes, verbal harassment, verbal assault, intimidation, physical assault, vandalism, arson, police brutality, rape, and murder. Institutionally, non-heterosexuals are excluded from legal protection regulating fair employment practices, housing discrimination, rights of child custody, immigration, inheritance, security clearances, public accommodations, and police protection. Life partners of lesbians and gays are denied insurance benefits, social security benefits after the death of a partner, and rights granted to family members in medical and legal situations. The media generally refuse to acknowledge the impact and strength of the lesbian, gay, bisexual, transsexual and transgendered liberation movement, either trivializing or neglecting to cover issues relevant to these communities.

Homophobia is expressed in nursing education in a variety of ways, sometimes more overtly and sometimes less so.

In some ways my story is not the “horror” story that we lesbians perhaps irrationally fear. While I am aware of nurses who have experienced some pretty nauseating “horrors,” my experience with heterosexism and lesbian phobia has been more subtle, and perhaps it is even more powerful because of its subtlety. I have not lost a job, been physically attacked, or verbally harassed, but there is still the fear, and real potential, that this could happen. I think if I begin to really challenge the system or be offensive enough in my behavior, retribution would be less subtle. Also, I am aware that I live within the relative privilege afforded me by being a white tenured professor within an institution that has a written policy protecting lesbian faculty.

This perspective reminds us that whether a lesbian actually experiences overt harassment or discrimination, she is aware that, simply because of who she is, it could happen at any time.

Lesbian phobia exists even in places one might not expect to find it, including nursing conferences ostensibly committed to look at issues of privilege and oppression.

Following the first “Critical and Feminist Inquiry in Nursing” conference, a woman told me indignantly that she had left the conference on the first day because she had heard that this was a meeting of lesbians. I was surprised because I had not even been aware of a large or visible lesbian presence at the conference. She clearly did not want to be associated with lesbians, whether in large or small numbers. I can only assume that she considered being associated with lesbians as a negative. I was still not out as a lesbian at that point, and I believe this person was unaware that she was talking to a lesbian.

Because we work primarily with graduate students in nursing, we are especially familiar with homophobic experiences those lesbian students have had. Two stories illustrate the kinds of difficulties experienced by lesbian students:

Another experience of heterosexism did not involve me directly but did involve a student whose committee I chaired. This student was doing a study to investigate self-disclosure processes of lesbian nurses. Early on a faculty member suggested she simulate lesbian experiences since “finding lesbian nurses would be difficult.” Approval from the Institutional Review Board was a long and protracted ordeal. Classes in women’s studies the student took to become prepared to do the study were labeled as “not rigorous.” Despite attempts to secure funding, requests for funds were denied, beyond what seemed reasonable and expected. Attempts to recruit participants through local hospitals were unsuccessful. There was a promise of cooperation, but hospital nurses never learned about the study.

A related example of a student experience is the following:

My dissertation was approved by my committee and the administrators of the School of Nursing. Immediately after my defense announcement was distributed, controversy erupted. Questions were raised concerning the relevance of the topic to nursing, the sample size (17), and the (highly unorthodox and unscientific) inclusion of interviews with my committee members and myself in the analysis. My committee chair was a lesbian, with whom I had had a personal friendship and professional association prior to entering the doctoral program. Because we related to each other on several levels (as friends, teaching colleagues and chair—doctoral student), we spent a significant amount of time attending to our relationship, our roles, and the boundaries of each of those roles within our relationship. Shortly before my defense, I discovered that a rumor had been circulating around the faculty for a year and a half that my dissertation chair and I were having an
affair, thus causing my chair to be partial and unable to make effective decisions regarding my dissertation. At that time, no one knew I was a lesbian but I was “guilty” by association. Everyone knows that lesbians have sex indiscriminately and that sex among us is rampant and frequent. Right? Or that lesbian faculty are out to seduce vulnerable female doctoral students? Right? Throughout this entire process, the issue of lesbian phobia was repeatedly denied. Yet the two dissertations immediately following mine (both by heterosexual students) used very similar methods and had the same or smaller sample sizes, and they were defended and approved without any problems whatsoever.

Sometimes the effects on students are based on the fear of potential consequences of relating to lesbian faculty:

A student told me that she was afraid to work with me, a lesbian, because people might think she, too, is a lesbian. Even a rumor that she might be a lesbian could be especially dangerous for her and her family since there have been several instances of lesbians having their homes destroyed in her community. Faculty relationships with students are limited as well: I am fearful to show concern for female students, especially by physical gestures. I wonder if just a casual hug or even verbal expressions of caring might be misinterpreted because I am lesbian.

People often say to non-heterosexuals, “Why can’t you just keep your sex life private?” This communicates a view that lesbian and gay existence is only about sex, that (homosexual) sex is an unacceptable topic and practice, and that if one is engaging in such practices, one should have the decency to keep it quiet. The message is clear—keep quiet and remain invisible.

The heterosexism and lesbian phobia I experience seem to be in direct proportion to my overt outreach. I definitely get the message that I am not supposed to impose it on anyone; this translates into “don’t say it unless asked.” True, I will own that I have self-imposed some of the isolation and limitations I experience on myself, but one soon learns that operating outside the heterosexual boundaries is both tiresome and fearsome.

When lesbians are “out,” their views, comments and contributions are often interpreted in ways different from and more negatively than those of their heterosexual colleagues. This has been especially true for us, regarding the topic of men and with issues related to homosexuality.

I hear my heterosexual women colleagues talking about men, and about their husbands in particular, in the most demeaning and negative ways. Several of my colleagues have cartoons posted on their doors at work that clearly put men down in some way or the other. I am aware that if I say anything about men, however, then I am labeled as a man-hater and it’s another way to discount me as a person and as a scholar. I also notice that it seems like the only “legitimate,” objective and unbiased person to talk about issues of racism, sexism, and heterosexism is a white, heterosexual male. Whenever I raise lesbian and gay issues, I am accused of “pushing” a homosexual agen-
da and my attempts to raise these concerns are ignored or discounted because I am considered biased.

Another experience illustrates this phenomenon:

Once I voiced the opinion that I didn’t think the royal road to success in nursing was to recruit more males into the profession. I asked, “Why would we want to recruit more oppressors within our ranks?” This remark was all over the college in a flash, generating, among other things, fears that male faculty would not be tenured and male students would not be admitted. There was no attempt to understand why I might say this and subsequently accept or reject it on a more logical or rational basis.

Lesbian phobia is also manifested in a rejection of ideas and perspectives of lesbians under the guise of rejecting the ideas and perspectives themselves. We have observed and experienced this frequently with respect to feminist thought, where people may take issue with your feminism but claim it has nothing to do with you being a lesbian:

I happen to be the undergraduate curriculum coordinator at the University of Utah. Part of my job, as I saw it, was to help the faculty come to grips with the overall conceptual organization of the curriculum. One of my efforts to do this involved talking with many people about what they saw as curricular “strands.” As a result of several weeks of work, I compiled a list of strands that people were interested in tracking/examining throughout our curriculum—not necessarily implying that they needed to be included—but we did need to examine how they were being expressed. One of the content strands was “feminism.” Out of the 30 or so words on the list, this particular word received much more attention than it deserved. why was it there? what did it mean? who said it? No answer I gave was acceptable. The same questions persisted meeting after meeting. There were rumors that the entire school was going to develop a feminist curriculum, and that I was in collusion with administration to “force” a feminist agenda. The response to this one word of a list of potential curricular strands was irrational beyond my wildest expectations. Attempts to discuss what feminism as a strand might mean were totally futile. In my mind, the analysis linking feminism with lesbianism was being played out before my eyes. There was an unwillingness to examine the issues and a wish to isolate off the problem and me. When I attempted to provide understanding of how I experienced the irrational rejection of feminism as a topic for discussion as an expression of lesbian phobia, the possibility that this occurred was categorically denied.

Faculty had “no problem” with my being a lesbian. They just didn’t want anything to do with feminism. I could have accepted that outcome had it been arrived at after some discussion and sharing of perspectives, but that wasn’t remotely possible.

The rejection of feminism when feminism is espoused by a lesbian is experienced in other ways as well:

In a recent discussion with my faculty colleagues, they expressed their distress that our school of nursing is known or has some reputation (undeserved, in my opinion) for
being a feminist program. They mentioned that this was really difficult because being a feminist was somehow associated with being a lesbian. Although this was mentioned in a laughing, joking kind of way, what stood out for me was how negatively some of my colleagues viewed being a lesbian, and I assume by extension, how negatively some of them viewed me. Also, I have had discussions with a heterosexual colleague who is a feminist, about how she and I are treated differently by the faculty. The fact that I am a feminist seems to be much more of a concern to faculty than is my straight colleague’s feminism. We both have the sense that she has much more freedom in expressing a feminist perspective that might be heard than do I. Another example of this—I have expertise in feminist methodology. I would love to teach a course on this topic. I have been told by a member of the graduate curriculum committee that this kind of course does not belong in nursing. I wonder how successful my straight feminist colleague would be in getting such a course approved?

Another example of the uneasy relationship between lesbians and feminism is the following:

A few years ago I was invited to participate as a member of the opening panel at a conference focused on feminist inquiry. Prior to the opening of the meeting, we met to discuss what we intended to present in our remarks. A big part of my life at that time was the intersection of my personal life with my professional life, and in particular, how the fact that I am a lesbian affects and is affected by my feminist perspectives. I was also deeply touched by lesbian writers like Julin Penelope (1990) who say that our silence about who we are perpetuates our invisibility and oppression. Since this was my first time on this opening panel and since I had never stated in a public forum that I am a lesbian, I was really nervous about my comments. I mentioned what I planned to include in my opening comments and the discussion seemed to rather abruptly skip right over me and went on to the next topic. I was quite put out by this. The response I remember getting was that some people had a concern that this conference, in part about feminism, could become known as a lesbian conference. This experience suggested to me that there is some association between feminism and lesbians and that this association is somehow problematic, perhaps because of the negative ways in which being a lesbian is viewed.

Lesbian hating leads to fear and distrust among women. Given the large percentage of nurses who are women, this may be a particular issue within the profession. With high levels of fear and distrust, energies get diffused; talent, creativity and commitment are wasted; and people never get to really know each other as lives are lost amid silence, denials and invisibility.

We have described several ways in which we have experienced the negative consequences of heterosexism and homophobia. These have included locking people into rigid gender-based roles that inhibit creativity, self-expression and independent thought; compromising the integrity of heterosexual people by pressuring them to treat others badly, actions contrary to their basic humanity; inhibiting people from forming close, intimate relationships with other people; limiting appreciation of all types of diversity, making it unsafe for everyone because each person has unique traits not considered mainstream or dominant; and limiting communication and interaction between heterosexuals and non-heterosexuals (Blumefeld, 1992). As this summary makes evident, heterosexism and homophobia are hurtful and limiting to all members of society, regardless of sexual identity. As nurse educators, it is important to notice ways in which we contribute to and support the development and expression of heterosexism and homophobia within nursing.

Suggestions for Undermining Heterosexism

Since heterosexism and homophobia damage all of us as individuals and constrain the development of a society in which all are supported in achieving their highest potential, we wish to suggest ways in which heterosexism and homophobia can be undermined. If you are a lesbian, gay, bisexual or transsexual nurse, consider being “out” or being more visible. Work on becoming aware of your internalized homophobia. Create alliances with non-heterosexual colleagues. Explore with heterosexual colleagues how they too are limited and damaged by homophobia and heterosexism. Examine how forms of oppression related to gender, race, class, and others intersect to create different experiences of heterosexism and homophobia.

If you are heterosexual, become aware of your own heterosexual assumptions and notice how this plays out in your life. Form a group of heterosexuals committed to examining your heterosexism and homophobia. Seek out personal friendships and professional relationships with lesbian, gay and bisexual colleagues. Get to know them as real people, not as stereotypical beings. Ask your non-heterosexual colleagues about their partners and their social lives just as you do with heterosexual colleagues. Be an ally to these colleagues and be open to hearing about how you can be more effective in that role. Read lesbian and gay newspapers and literature and attend lesbian and gay cultural events. Seek out the views of lesbians, gays, bisexuals, transsexuals, and transgendered persons, and work to include their perspectives and issues in your classes. If you believe that there is a link between feminism and lesbian existence, examine the consequences of that belief. Look to the lesbian, gay, bisexual, transsexual and transgendered community for resources to address heterosexism and homophobia. Trust that these communities welcome your work on your heterosexism. You don’t need to be perfect, you just need to be willing and open. And know that lesbians, gays and bisexuals are not attempting to ignore or dismiss heterosexuals’ existence by claiming a significance of their existence; lesbians, gays, bisexuals, transsexuals and transgendered persons are simply hoping to make a space for their existence, their dignity, and their importance (Penelope, 1990).

Finally, if we are to take seriously the challenge of
teaching nursing students skills in critical thinking, as nurse educators we must examine the most difficult issues facing society and nurses. Heterosexism and the resulting homophobia are such issues. We must address ways in which heterosexism pervades and limits our curriculum, our ways of thinking, our language, our research. We suggest that you provide opportunities in classes for students to examine their heterosexism and homophobia and explore how this might affect the nursing care they will provide. For example, as a learning activity, you might ask students to read this article and identify the consequences of heterosexism and homophobia. We have included a list of sample discussion questions (Figure) that you may use to facilitate the discussion. You could make students aware of heterosexist bias in research and introduce ways to prevent such bias (APA Committee on Gay and Lesbian Concerns, 1991). You could initiate efforts to integrate content and processes into curriculum that support awareness and acceptance of diversity.

In this article, we have provided an overview of the concepts of heterosexism and homophobia and have shared our experiences related to these concepts. We have also provided an action plan for undermining heterosexism and homophobia. We advocate these and other actions based on our commitment to creating a world that embraces diversity as a source of strength and supports all of us in achieving our highest potential. We invite you to join us in this endeavor.

References


