Philosophical

Rendering LGBTQ+ Visible in Nursing

Embodying the Philosophy of Caring Science

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Although health care institutions continue to address the importance of diversity initiatives, the standard(s) for treatment remain historically and institutionally grounded in a sociocultural privileging of heterosexuality. As a result, lesbian, gay, bisexual, transgender, and queer (LGBTQ+) communities in health care remain largely invisible. This marked invisibility serves as a call to action, a renaissance of thinking within redefined boundaries and limitations. We must therefore refocus our habits of attention on the wholeness of persons and the diversity of their storied experiences as embodied through contemporary society. By rethinking current understandings of LGBTQ+ identities through innovative representation(s) of the media, music industry, and pop culture within a caring science philosophy, nurses have a transformative opportunity to render LGBTQ+ visible and in turn render a transformative opportunity for themselves.

Keywords: *caring science; LGBTQ+ invisibility; equitable practice; diversity and inclusivity; nursing advocacy; transformative practice; reflexive practice; caritas processes*

> One's life has value so long as one attributes value to the life of others, by means of love, friendship, indignation and compassion.
>
> —Simone de Beauvoir

The intent of this article is to explore the ways in which LGBTQ+ (lesbian, gay, bisexual, transgender, and queer) invisibility can be made visible in nursing through application of a caring science philosophy (Watson, 2008). Caring science, when embodied as an extension of the nurse's daily practices, potentiates possibility for disrupting taken-for-granted norms that have historically rendered LGBTQ+ invisible. This disruption offers transformative possibility for rendering LGBTQ+ visible, thus providing opportunities for nurses to further transform themselves. Such transformation is engaged through the 10 caritas processes™, where self-reflexivity, compassion, and politicization become inherent to nurses practicing within a caring science philosophy (Goldberg, 2015).

In what follows, we attend to the ways in which a caring science philosophy can render LGBTQ+ visible by way of the following discussion: (a) the relevance of the historical landscape of nursing; (b) linkages with innovative and healing modalities found in pop culture, the media, and music industry; (c) the harms of the current health care system on LGBTQ+ communities; (d) understanding of caring science and application of the 10 caritas processes;

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and (e) examples of how the caritas processes offer transformative possibility for nurses to counter institutional norms and render LGBTQ+ visible.

The Historical Landscape

The profession of nursing has been historically shaped by its gendered history (Anderson, 2014); one born of women's work perpetuating the primacy of feminized ideals of the body grounded in the institutions of the military and church. Conservative by nature, despite progressive advances, the profession continues to perpetuate a representation of nurses who embody the heterosexual norm (MacDonnell & Grigorovich, 2012). While men have entered the profession, nursing continues to be numerically dominated in large numbers by women (Minority Nurse Staff, 2013). This skewing of numbers awakens a sense of urgency to reevaluate difference across the continuum of physical, emotional, and spiritual attributes that continue to label the profession as inequitable in need of inclusion and recognition of difference.

Stereotyping

Current evidence indicates that men advance more quickly through the top ranks of the profession than their women counterparts. Men simultaneously negotiate a position of power and stigma while continually addressing stereotyping in clinical practice (Brown, 2009; Stanley, 2012). Men may be considered to lack caring behaviors on the one hand or be feminine and/or gay on the other (Stanley, 2012). Independent of such stereotyping, and the potential harms they may produce for all nurses, there is an overall invisibility of LGBTQ+ nurses, despite being one of the largest subgroups in the profession (Eliason, DeJoseph, Dibble, Deevey, & Chinn, 2011).

Nurses are guided by a code of ethics and a commitment to provide equitable and ethically sensitive care. Yet they are challenged to develop a more authentic, compassionate, and politicized understanding of how to make LGBTQ+ visible in the context of their daily care. Such visibility includes the LGBTQ+ clients' nurses serve, in addition to those of us in the profession who are also LGBTQ+ identified.

LGBTQ+

The authors have chosen to use the acronym LGBTQ+. This not only represents those who identify along the continuum of LGBTQ+. But rather, the addition of the "+" signifies the diversity and importance of inclusivity found within these complex and multilayered communities. By including the "+," there is both recognition of and understanding in LGBTQ+ communities, of which two of the authors hold membership, that extend beyond the discreet boundaries indicated within. This entails that those who identify as gender-queer, gender-nonconforming, two-spirit, and so on, are also represented within our understanding of these communities.

Queer

The use of the word "queer" remains contentious for many nurses and health care providers. From a historical perspective, queer has been associated with derogatory comments so much so that the queer community is not always in agreement with its reemergence as acceptable terminology. Many remember how the language of queer has been used to justify bullying and harassment (Fish, 2010). Moreover, some lesbian feminists have argued that queer privileges homophobia as the sole form of oppression. This negates the deeper analysis required to explain intersecting oppressions, including those related to race, class, gender identity, and (dis)ability (Zita, 1994).

More recently, queer has been reclaimed to better reflect a more politicized and diverse understanding of sexual orientation(s) and gender identities within LGBTQ+ communities. Despite its etymological pedigree and associated definition with not being "straight," even before its reference to sexuality (Ahmed, 2006), queer today reflects a rejection of heteronormativity, gender binaries, and normative practices that endeavor to perpetuate the status quo of heterosexuality (Goldberg, Harbin, & Campbell, 2011).

Gender-Queer/Nonconforming

Persons who identify as gender-queer/gender-nonconforming do not ascribe to the taken-for-granted gender binaries socially constructed within societal norms—those further perpetuated within nursing and health care more broadly. Such binaries

see only one or two options: "woman" or "man." These options are thought to inherently align with one's birth sex: female or male. In such a binary system, there is no flexibility to understand a continuum of gender identities. As such, one lacks ability to transcend these predetermined options (Pride Health, 2013; Rainbow Health Ontario, 2014). Thorne (2017) aptly states,

> [O]nce we open ourselves to noticing the power of the gender binary, we begin to see it everywhere. Not only is it the primary demographic to which we are attached at birth, but it also gets embedded in every documented aspect of our existence such that it is impossible to travel through modern life without it.

Two-Spirit

The language of two-spirit sometimes refers to an individual who holds both a female and male spirit; it finds its historical origins in Canadian Aboriginal Ancestry (Pride Health, 2013). It can be used as an umbrella term to refer to one's sexual, gender, or spiritual identity. In Western culture, it may equate to being LGBTQ+. However, within Aboriginal communities, where the term has a legacy of being revered, it may also be lived more robustly today as part of modern Aboriginal life.

LGBTQ+ identities thus continue to be unsettling and disrupting for many nurses and health care providers; they evoke discomfort; they can disarm and disquiet. They often force a reevaluation of one's sense of comfort and vulnerability within the context of societal norms and patterns. To address discomfort, counter societal norms, and foster change, a caring science philosophy is offered as an alternative to current nursing practice with LGBTQ+ communities.

Caring Science

Caring science (Watson, 2008), unique in its application as an ontology, epistemology, and ethic, offers nurses a reflexive, compassionate, and politicized philosophy for transformative care (Goldberg, 2015), thus rendering LGBTQ+ visible. Beginning with the place of the reflexive self, and the knowledge garnered from the 10 caritas processes, nurses are positioned to holistically cultivate the philosophy of caring science as an extension of their professional (and personal) practices. In so doing, they potentiate a transformative way of being-in-the-world with self, others, and systems of care (Watson, 2008). This not only reimagines the ways in which nurses create and carry out their everyday practices but also offers a reimagining of possibility for the nurses themselves.

Media, Music, and Pop Culture: Innovative and Healing Modalities to Understand LGBTQ+ Identities

Although significant work remains to be done in the area of LGBTQ+ visibility, including more representation of LGBTQ+ persons of color, LGBTQ+ persons with (dis)abilities, and an overall representation of LGBTQ+ that moves beyond stereotyping, there is an increase in the number of LGBTQ+ persons represented in media today (GLAAD, 2016). From television prime time to musical artists and pop star icons, LGBTQ+ persons are embodying new roles and representations then every before.

The following examples taken from the media, music industry, and pop culture are discussed, albeit briefly, as alternative representation(s) of LGBTQ+ identities for nurses to cultivate beyond the normative definitions often prescribed in health care. In so doing, a deeper appreciation of these identities is potentially illuminated through innovative and healing modalities. For example, music and pop culture personalities, like Mary Lambert, engage their musical artistry through overt lesbian lyrics to combat discrimination through love. Similarly, Lavern Cox, known for her leading role in "Orange is the New Black," uses her status as an African American transgender woman as a healing opportunity: Her celebrity brings voice and visibility to those previously living in the shadows.

While the choice of celebrity may not be common to many, their experiences nevertheless shed light on how visibility, compassion, courage, and love may offer a way forward: one where nurses acquire a deeper understanding of sexual orientation(s) and gender identities that jettison taken-for-granted norms. This transformative and politicized journey embedded in a caring science philosophy is thus explored through the examples of

Lavern Cox, Frank Ocean, and Mary Lambert. Collectively, these celebrities bring voice and visibility to LGBTQ+ identities. Not dissimilar from caring science, themes of self-awareness, authenticity, healing, spirituality, trust, and ultimately love are common threads woven throughout their examples. These examples offer nurses an alternative lens from which to understand LGBTQ+ identities and the ways in which they are relevant to a caring science philosophy.

Cox

Laverne Cox is the first transgender woman featured on the cover of *Time Magazine* (Steinmetz, 2014). The star of the Netflix series, *Orange is the New Black*, has become a prominent and dynamic leader in advocating for LGBTQ+ communities with a specific focus on transgender issues and intersectionality (Steinmetz, 2014). Speaking from her experiences as a transgender woman of color, Cox offers authentic, compassionate, and compelling words from her platform as an actor to illuminate the ways in which multiple oppressions affect the health and well-being of transgender persons. Bringing awareness to the systemic impact of intersecting oppressions, where sexual orientation(s) and gender identities intersect the axis of race, ethnicity, class, spirituality, ability, and age (Goldberg, 2015). This further assists the public in recognizing the pervasive harms experienced by LGBTQ+ communities.

Cox operates from a position that is other-regarding where her ego self is not central to her work. She therefore supports others from a place of self-knowledge, trust, and healing. In the article by Steinmetz (2014) in Time, Cox reminds us what the public should understand about transgender experience(s):

> There's not just one trans story. There's not just one trans experience. And I think what they need to understand is that not everybody who is born feels that their gender identity is in alignment with what they're assigned at birth, based on their genitalia. If someone needs to express their gender in a way that is different, that is okay, and they should not be denied healthcare. They should not be bullied. They don't deserve to be victims of violence. . . . That's what people need to understand, that it's okay and that if you are uncomfortable with it, then you need to look at yourself. (n.p.)

Cox is but one voice represented within LGBTQ+ communities with a focus on transgender experiences. While her story does not align nor reflect all transgender persons nor does her voice resonate with all transgender persons, her presence nonetheless fosters greater awareness and understanding for the public at large. This in turn offers recognition, visibility, and healing for those who have too often been forgotten.

Ocean

Not dissimilar from Cox's public recognition, LGBTQ+ artists in the music industry and pop culture also bring an increased awareness to these communities. While there are diverse artists crossing all musical genres, Frank Ocean is a particularly compelling and equally complex artist, although perhaps far less known among health care providers: an African American R&B singer who specifically embodies queer through the rejection of normative stereotypes, labels, and genres. While Ocean has never ascribed a queer label to his own sexuality, there is little to deny the way in which his latest release, "Blonde," invites us to embrace queerness "as a new normal" (Allred, 2016). Thus "Blonde is queer in the word's truest sense: nonconforming, elusive, and boundless. It celebrates the intangible and the strange. It doesn't play by the rules" (Lamphier, 2016, n p).

To embrace queer asks us to question and critique, never conforming to the taken-for-granted and everyday practices that often go unchecked. For it is in our everyday practices that discriminatory norms are often reproduced, albeit unconsciously, through systems of heteronormativity, homophobia, and transphobia (Harbin, Beagan, & Goldberg, 2012). Reflecting on Ocean's embodiment of queer may offer nurses ways of reimagining institutional norms, particularly when they are often grounded in a philosophy of "one size fits all."

Lambert

While Ocean's notion of queer often avoids definition, singer/songwriter, musician, and spoken word poet, Mary Lambert, illuminates her representation(s)

of lesbian love in overt, authentic, and refreshingly honest lyrics and aesthetic imagery. Introduced to the public through her collaboration with Lewis and Macklemore during the 2014 Grammy Awards with the LGBTQ+ theme song, "Same Love," Lambert left little doubt to the potential talent of her melodic voice. Despite the ongoing debate surrounding Lewis and Macklemore, including their occupied location of power and privilege as White straight men, Lambert affirms their commitment to the LGBTQ+ movement while currently navigating a solo journey: one openly derived from Lambert's own experience as a lesbian, bipolar, full-bodied Christian woman and survivor of childhood abuse (Boles, 2014). Despite the continued struggle of reconciling her sexuality and past trauma with her Christianity, Lambert reminds her audience that it is through the healing nature of love, compassion, and authenticity that same-sex love is ultimately no different. Her goal—to eliminate homophobia through "the heart and not the brain." In listening to Lambert's lyrics and her activist approach through love, we are reminded of the following words and how they so eloquently capture the heart of caring science:

> This work is an invitation, an evocation, a call to enter into this space where there are new possibilities for shaping our lives, our work, and our world as we move forward into this new world. May we tread consciously and intentionally with love and light in our hearts and actions? (Watson, 2005, p. 142)

The aforementioned invitation illuminates our authentic calling as nurses; one in which nursing is encouraged to cultivate a healing and rationale for the revolution of change. This change is necessary to redress historical inequities toward human difference. It is only through a centering of self and other that fosters a loving cultivation of critical and compassionate reflexivity and political engagement that inspires transformation necessary to achieve the revolution of change. As bell hooks (2000) so beautifully suggests,

> When we accept that true love is rooted in recognition and acceptance, that love combines acknowledgment, care, responsibility, commitment, and knowledge, we understand there can be no love without justice. With that awareness comes the understanding that love has the power to transform us, giving us the strength to oppose domination. To choose feminist politics, then, is a choice to love. (p. 100)

Lambert, Watson, and hooks's courage to speak of love as a counter to the injustices of discrimination collectively provide an authentic way of inviting the public, and indeed nurses, more deeply into a revisionary understanding of how and why we might revisit the ways in which LGBTQ+ communities are both similar to and dissimilar from their heterosexual counterparts. Yet, despite the power, beauty, and courage of their words, the potential ways in which they connote healing, and the greater representation of LGBTQ+ experiences in the public at large, there continues to be a surprising absence of LGBTQ+ visibility in health care, and in particular nursing. Although nurses are committed to providing compassionate and equitable care to all persons, lack of knowledge related to LGBTQ+ communities, fear of the unknown, and/or the constraints of an unforgiving and discriminatory system (Goldberg et al., 2011; Harbin et al., 2012) often preclude nurses, albeit unconsciously, from providing care delivery aligned with their authentic sense of self.

The Invisibility of LGBTQ+: Understanding the Current Health Care Landscape

The current health care landscape, despite broader sociocultural–political changes, including more access to LGBTQ+ issues in the media, music industry, and pop culture, remains plagued by institutionalized systems that perpetuate gender binaries, heteronormativity, and discriminatory practices that reinforce the invisibility of those who are members of LGBTQ+ communities (Harbin et al., 2012; Heyes, Dean, & Goldberg, 2015). Evidence indicates that such invisibility is reinforced through health care practices that maintain heterosexuality as the assumed norm; gender norming is further achieved through a reductive binary of limiting gender identities to man or woman (Harbin et al., 2012). Little to no space remains for alternate sexual orientations and/or gender identities outside the heteronorm. "Heteronormativity and gendernormativity function together to make queer, transgender, and gender-queer lives invisible and make the particular

needs of queer and trans patients less likely to be met" (Harbin et al., 2012, p. 150).

Despite the well-intended practices of health care providers, many LGBTQ+ persons have experienced health care treatment as humiliating, discriminatory, and/or insensitive (Goldberg et al., 2011). Thus, seeking treatment is often postponed until conditions become severe (Harbin et al., 2012). A Swedish study by Rondahl, Bruhner, and Lindhe (2009) found that nurses habitually assumed heterosexually, independent of the sexual orientation(s) of patients in their care.

Similar to the above findings, data from qualitative interviews with perinatal providers indicated nurses defined equity synonymously as sameness, thus treating queer birthing patients the same as their heterosexual counterparts (Goldberg et al., 2011). Viewing all persons the same, however, can reinforce, rather than alleviate, patterns of systemic oppression because the norms for treatment have been shaped by the needs of heterosexuals as a socially dominant group. When health care norms constructed for dominant groups are applied across the board, the result is not equitable treatment. Rather, the effect is to diminish or make invisible social realities that have significant impact on the health and well-being of marginalized groups.

LGBTQ+ invisibility can be further explained, insofar as such bodies disrupt and displace one's sense of comfort; they further require a reevaluation of one's habitual norms: those that provide us with certainty and clarity regarding our daily practice, without which nurses are often left with feelings of ambiguity and uncertainty. As Ahmed (2006) so powerfully reminds us:

> Disruption is further complex insofar as our intent to disrupt spaces and/or practices for political means may be contravened; disruption is often nonintentional, its impact indeterminate, and our reactions surprising. In such circumstances, we may no longer know how to move our bodies, how to communicate with those around us, or how to interpret our experiences. (p. 158)

Although LGBTQ+ invisibility is often reserved for patients, families, and communities of care, nurses themselves can also occupy LGBTQ+ bodies in the context of care. In so doing, they may further disrupt the very spaces in which they reside and challenge the norms they embody and the spaces they disrupt and disturb in the nonnormative stances they encounter (Goldberg et al., 2011). Therefore, they remain a potential threat in a profession largely built on avoidance of conflict. Invisibility becomes a solution for dealing with such avoidance. To counter this invisibility, knowledge is required to advance nurses' understanding of their own locatedness in relation to power and privilege. Thus Foucault (1977/1995) suggests:

> The judges of normality are present everywhere. We are in the society of the teacher-judge, the doctor-judge, the educator-judge, the social worker-judge; it is on them that the universal reign of the normative is based; and each individual, wherever he may find himself, subjects to it his body, his gestures, his behavior, his aptitudes, his achievements. (p. 304)

Independent of Foucault's (1977/1995) compelling words, the profession of nursing has done little to provide the healing necessary to redress these inequities. Nurses are regrettably ill prepared to work with LGBTQ+ patients, families, and communities: Fear, inadequate knowledge, and/or unconscious bias working within discriminatory systems often prevent nurses from cultivating authentic, compassionate, and politicized practices to work equitably with these communities to redress their continued invisibility and silencing (Harbin et al., 2012). Eliason et al. (2011) challenge nurse leaders to take immediate action and commit to corrective measures to redress the historical harms within the profession resulting from a lifetime of silencing.

In a desire to understand how we may begin to redress the silencing and invisibility, caring science, unique in its application as an ontology, epistemology, and ethic, potentiates a transformative philosophy for change; one lived through the embodiment of the 10 caritas processes, discussed in the next section of the article (refer to Table 1 for a complete list of the 10 caritas processes). In so doing, the nurse is provided with a reimagined way-of-being-in-the-world that invites a deep exploration of self-knowledge and self-bias. This in turn provides a philosophy-in-action for bedside and community nursing scholarship (and beyond) for understanding the implications of rendering LGBTQ+ bodies invisible, including those within one's own profession.

Table 1. The 10 Caritas Processes™.

1. Practicing loving-kindness and equanimity within context of caring consciousness.
2. Being authentically present and enabling and sustaining the deep belief system and subjective life world of self and one-being cared for.
3. Cultivating one's own spiritual practices and transpersonal self, going beyond ego self.
4. Developing and sustaining a helping–trusting, authentic caring relationship.
5. Being present to, and supportive of, the expression of positive and negative feelings.
6. Creatively using self and all ways of knowing as part of the caring process, engaging in artistry of caring–healing practices.
7. Engaging in genuine teaching–learning experience that attends to wholeness and meaning, attempting to stay within other's frame of reference.
8. Creating healing environment at all levels, whereby wholeness, beauty, comfort, dignity, and peace are potentiated.
9. Assisting with basic needs, with an intentional caring consciousness, administering "human care essentials," which potentiate alignment of mind–body–spirit, wholeness in all aspects of care.
10. Opening and attending to mysterious dimensions of one's life-death; soul care for the self and one-being-cared-for; "allowing and being open to miracles."

The Philosophy of Caring Science in Action Through the Caritas Processes

Embodying caring science as a new ethic and ontology returns nursing to its foundational beginnings that dwell in the house of Nightingale (Watson, 2008). It is here where nurses cultivate the artistry of healing, the science of health and holism, the reflexivity of ethical sensitivity, and the politic of social activism (Goldberg, 2015; Watson, 2008). Beginning with the place of the self, caring science provides a reexamination of our deepest self—beyond the ego self. This fosters an authentic understanding of the other in the context of their life-world and broader global community (Watson, 2008).

The 10 caritas processes, as indicated in Table 1, collectively invite the nurse to cocreate an environment that cultivates health, healing, and holism. Such healing provides opportunity to both affirm and challenge conversations in which storied experiences are given primacy to authentically know the other in the context of their life-world (Watson, 2008). Loving-kindness, integrity, humanity, and equanimity are inherent to this way of being-in-the-world. There is a deep and loving commitment to the relational care for self and other through a mind–body–spirit connection. Furthermore, there is a belief in mystery and space for the unknown; for clearly the totality of our stories, questions, and concerns cannot be solely answered through modern medicine and science (Watson, 2008).

Developing literacy in caring science (i.e., caritas literacy) through the caritas processes is a lifelong journey: It is not a framework or methodology that is applied to a set of problems, but rather it is a living, breathing practice that we cultivate on a daily basis (Goldberg, 2015); it dwells within us, nestled in our mind–body–spirit. Like a dance, we fluidly weave it in and out of our everyday lives: With practice, it becomes an extension of our authentic self. Perhaps it is best understood through the following poetic words and the analogy of the "bodhisattva":

> In the Buddhist mind-set, nurses in this deeper model of 'Being-the-work' become bodhisattvas: those who bless others and who become a blessing to self and others. These nurses then become Great Beings, heroines/heroes of an evolved Caritas Consciousness who are awake and actively affecting the entire universal field of humanity. This may seem farfetched to many, but it is an emerging model of awakening and evolving within our caring humanity, away from our lethargy of nonawakened states. (Watson, 2008, p. 48)

Caring science becomes a way-of-being-in-the-world for the nurse. It offers a reimagined opportunity to deeply engage her or his or their reflexive self to compassionately reawaken an understanding of traditional health care practices and the ways in which they jettison a caring humanity that denies, rather than affirms difference. Thus, it is only through this reimagined understanding that the nurse begins to see more deeply what is required to bring LGBTQ+ into visibility.

Redressing LGBTQ+ Invisibility Through Caring Science

As a living philosophy embedded in reflexivity, compassion and politic, caring science invites the nurse to explore a deep commitment to understanding

the self, beyond the ego self to include one's biases, prejudices, and judgments. This further extends to recognizing how we react to certain ideas, situations, and people, including how lives are lived across sociocultural–political and historical contexts (Goldberg, 2015). "Human beings are not value-free; but rather, highly complex individuals navigating multiple environments and relationships, embodying identities across race, sexual orientation(s), gender identities, class, ethnicity, spirituality, age, ability, etc." (Goldberg, 2015, p. 15). This continues to illustrate the multiple complexities LGBTQ+ lives embody across intersecting oppressions.

A caring science philosophy provides nurses opportunity to explore their own biases and prejudices through personal story and narrative (Caritas Process 1). In so doing, both positive and challenging feelings can be shared without negative consequences (Caritas Process 5). Exploring challenging yet authentic conversations, including LGBTQ+ invisibility in nursing, is only possible when trusting and healing spaces are created (Caritas Process 8).

For Hills and Watson (2011), trusting and healing environments (Caritas Process 8) are created through the engagement of a critical caring dialogue. It is here where ambiguity is welcome, taken-for-granted assumptions are challenged, and difficult ideas are encouraged with compassion and critical care. A critical caring dialogue further engages reflection in action (Hills & Watson, 2011) where nurses can cultivate a deeper understanding of their own self-awareness and ever evolving consciousness (p. 64). This potentiates opportunity for "self-correction" in one's own dialogue, actions and behaviors, not only with others, but also with self (Hills & Watson, 2011). Insofar as LGBTQ+ invisibility is often an area that challenges nurses, the cultivation of a critical caring dialogue would provide opportunity to better support nurses in a deeper understanding of these challenging issues through a deeper understanding of self (Caritas Processes 1, 4, 5, 8).

Rockwood Lane and Samuels (2011), not dissimilar from Hills and Watson (2011), consider the relevance of open expression and the importance of cultivating an environment for the illumination of joy as well as pain during their inclusion of artistic expression:

> In students' journals, their truth is encouraged, and there are oftentimes dark and painful expressions and processing…we encourage them to critically examine and integrate the readings and to share their personal opinions of anything they agree or disagree with. . . . (p. 223)

Rockwood Lane and Samuels's (2011) example, grounded in the fifth caritas process, is particularly compelling: Nursing often jettisons uncomfortable, controversial, and challenging dialogue. Thus, to create an environment where "truth" is encouraged and "dark and painful" conversation is illuminated simultaneously with joy and positivity, cultivates an opportunity to engage challenging topics, including those related to LGBTQ+.

Building on the essential nature of a critical caring dialogue and self-awareness (Hills & Watson, 2011), in addition to the relevance of cultivating the expression of authentic conversation (Rockwood Lane & Samuels, 2011), Goldberg (2015) provides an exemplar of a caring science philosophy in the context of a community health practicum with LGBTQ+ communities, community stakeholders, and fourth-year nursing students. Its success became evident only when self-reflexivity and compassion were present through the application of a caring science philosophy to invoke the politics of practice (Caritas Process 1).

In other words, the students became more mindful of how to render LGBTQ+ communities visible, when they recognized the ways in which systems of discriminatory practices influenced the lives of those who were LGBTQ+. Thus, becoming more aware of their own feelings, reactions, and biases (Hills & Watson, 2011), in relation to difference, in addition to the recognition that nurses can also occupy a location of difference, including membership in LGBTQ+ communities, was a transformative realization for students in the context of their learning (Goldberg, 2015). Yet, the transformative process was not an easy one; at times, it was uncomfortable and disruptive (Harbin et al., 2012). Yet, disruption in itself can be transformative, particularly when trusting environments allow for open dialogue to engage conversation; that is, both affirming and challenging to societal norms (Harbin et al., 2012; Caritas Processes 4, 5, 8).

Throughout the context of the community health nursing practicum, as indicated in the final evaluation process, students revisited their understanding of difference and recognized how their reactions, feelings, and biases to ideas and persons were socioculturally and historically developed and deeply relevant to care

delivery with LGBTQ+ communities (Goldberg, 2015). Furthermore, ongoing commitment to the place of the self, and the relevance of reflexivity, compassion, and politic became recognized as ongoing learning needs to the evolution of their professional development as nurses (Caritas Processes 1, 2, 7).

The aforementioned illuminates the ways in which a caring science philosophy invites a politicization of the nurse's practice. Beginning with the place of the reflexive and compassionate self, the nurse has a transformative opportunity to render LGBTQ+ visible though action-oriented change by way of the ten caritas processes.

Reflexivity

Nurses begin to deeply examine their own self-knowledge and self-bias (Goldberg, 2015; Hills & Watson, 2011) and how this influences their ability to work with underrepresented groups, including their own colleagues who identify as LGBTQ+.

Compassion

Nurses begin to use loving kindness and foster relational, healing and caring practices *for self*, prior to creating such practices *with others*. Once created, self-knowledge and self-bias can be collaboratively shared to better recognize how to work with underrepresented communities, including colleagues who identify as LGBTQ+.

Politicization

Through the ongoing discovery of reflexive and compassionate practice (Goldberg, 2015; Hills & Watson, 2011), nurses can more deeply understand the relevance of sociocultural–political and historical positioning of self, others, and the broader global community, including the implications for care through working with underrepresented groups, including colleagues who identify as LGBTQ+. In so doing, nurses have transformative potential to override their bias, render LGBTQ+ visible, and align their practices with their professional mandate of providing equitable and ethically sensitive care to all.

Concluding Remarks

The profession of nursing, despite a commitment to advocacy, compassionate care, and social justice, continues to render LGBTQ+ invisible. Lack of education, fear of the unknown, and discriminatory practices within institutionalized health care impede nurses' ability to actualize their authentic potential to care for members of LGBTQ+ communities. By utilizing a caring science philosophy through application of the caritas processes, nurses can politicize their practice in transformative ways through reflexive and compassionate care. In so doing, LGBTQ+ is rendered visible in the context of their daily care.

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