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Consciousness, Intentionality, and Community

Unitary Perspectives and Research

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Consciousness and intentionality often have been related and studied together. These concepts also are readily viewed and understood for practice, research, and education in a unitary paradigm. How these ideas relate to community is less known. Considering the expansion of our capacity for communication through the World Wide Web and other technologic advances and appreciating recent research on the nonlocal character of intentionality and consciousness, it is more apparent how concepts of community can be seen in the same unitary context. The authors address these issues and review relevant nursing research.

Keywords: *intentionality; community-building; consciousness*

If we consider the unitary nature of intentionality, consciousness, and community, we are reminded of Rogers' (1992) emphasis on infinite potentials, non-linearity of time, and non-locality of space. She emphasized that the purpose of nursing is to promote health and well-being for all people wherever they are (Rogers, 1992). Through an exploration of these ideas using a unitary framework, we are hopeful about our planetary nurses' potential to utilize their capacity to focus consciousness in community with expanded intentions for health and healing.

Questions emerge in exploring how these three concepts are interwoven and the implications of that weave for nursing. Will that fabric highlight less explicit patterns as depicted in Benner and Wrubel's (1989) emphasis on expert nurses' utilizing intuition, Carper's (1978) encouragement to deepen personal knowing, and Newman's (1986) appreciation for subtle patient, self, and community patterns as they resonate with expanding consciousness? Such expanded non-local and atemporal pandimensional awareness has the potential to move us beyond our Flatland-like perceptions of limiting patterns (Abbott, 1952; Rogers, 1992), so each concept is viewed intermingling in the rich potential of the unitary paradigm. Within this frame, nurses knowingly and intentionally pattern their field employing reflective awareness of mutual process with the environment. Awareness of these concepts is enlarged such that patterning for healing can be remembered and used by patients, nurses, groups, and communities. This involves living Barrett's (2008) theory more intentionally and knowingly participating with this expanding consciousness. Such patterning facilitates healing change within ourselves and in community.

According to Parse (2000), the language that we use "to describe an entity both reflects and cocreates evolving meanings regarding the entity" (p. 187). How we use language communicates the paradigm from which we research, educate, and practice. Relating these three concepts in a unitary perspective presents challenges and opportunities. All three have backgrounds in philosophy, psychology, and sociology and are currently discussed in the lay and scientific literature. Consciousness and intentionality are now included in physiological and biochemical studies of the brain, and both reflect the need to understand humanness. How do we think? How are we aware? What is awareness? How is it that we are purposeful and intentional? How can we be purposeful and intentional in community? Are consciousness and intentionality limited to structure and chemical processes? Community shares some of the same confounds. Is community circumscribed as shared norms, values, and behaviors, or can we view it as a more expanded reality?

Consciousness descriptions include a qualitative type, a linear level of awareness, or biochemical interactions in the brain to spirit and subtle energies and forces in nature that permeate all things, not only humans. According to Dienstfrey (2000), "Consciousness is one

of those eye-gazing notions with no agreed-upon meaning that zoom[s] around the study of mind-body medicine. Spirit is another such term. Mind is a third" (p. 81). At a recent neuroscience conference, Duffy (2007) emphasized that there is no current agreed upon definition of consciousness, but we all can "agree that life has consciousness. We might want to agree that consciousness is life" (p. 12).

Intentionality is similar. In research on healing, intentionality has been associated with such linear effects as the influence of purposeful prayer and imagery on subjects' physiological responses. Engineers and physicists have also researched the subtle energy of intention and those effects on subjects' physiological, biochemical process at distances that vary from a few feet to thousands of miles. This research has evolved to include technology. For example, computers can now detect electrical signals emitted from individuals who concentrate on a desired outcome and then convert their desired intentions into action. Such technological advances may have significant health implications for promoting greater independence and freedom for people with paralysis (Eisenberg, 2008), and possibly for evolving communities.

Is intentionality an aspect of the mind that can be quantified and measured by its effect? Is it limited to a mental purpose and focus ending in a result or is it as existential psychoanalyst May (1969) described, a *capacity* for intention and creating purpose? Intentionality has been used synonymously with purpose, intention, and intent. These terms, however, have very different meanings, and subsequently, much of the research that explores intentionality is actually looking at intent or intention. In the *Dictionary of Philosophy* (Angeles, 1992) intentionality is defined as a state of mind and the ability of consciousness to: (a) *create* mental objects that may not exist in reality, (b) *apply* that content to the perception of reality, (c) *direct activity* toward an end, and (d) have a *concept of something* unlike itself. An *intent* is a highly focused purposeful thought that will likely lead to an action. "I am leaving home 20 minutes early so that I will be at work on time." *Intention* is broader and less focused, but still purposeful. "My intention is to be a responsible person and that means getting to work on time." For May (1969), intentionality differs from intentions. It is the "structure that gives meaning to experience . . . the dimension, which underlies them; it is man's [sic] capacity to have intentions. It is our imaginative participation in the coming day's possibilities . . . out of which comes the awareness of our capacity to form, to mold, to change ourselves and the day in relation to each other. . . . Intentionality is at the heart of consciousness" (pp. 223-224). Using May's framework, intentionality provides a bridge between perceptions and the outside world. It gives meaning to experiences and creates the capacity for empathy. Intentionality enables people to focus and perceive forms and patterns. May married consciousness and intentionality. He stated "the act and experience of consciousness itself is a continuous molding and remolding of our world, self related to objects and objects to self in inseparable ways, self participating in the world as well as observing it, neither pole of self or world being conceivable without the other" (p. 227). This statement is in concert with the inseparable, irreducible, and ever-changing nature of the unitary paradigm.

Clearly diverse approaches to studying these concepts exist. Many current studies represent a reductionistic, linear paradigm of cause and effect. A holistic/unitary perspective reflects the integrative, non-summative quality of these concepts and reflects core nursing values; however, it warrants further study. Since much of nursing is currently researched and practiced as medicalized and specialized particulate compartments (Phillips, 2000), the rich spectrum of nursing theories and paradigms are often not taught and are therefore unknown or ignored. The theories most appropriate to research abstract nursing issues are less emphasized in basic and advanced nursing education programs (Malinski, 2007). Although random controlled trials and evidence-based practice research methods help us understand some overt nursing phenomena, trying to understand and knowingly use such abstract concepts as consciousness and intentionality warrants approaches that produce theory building and creative methods of combined and qualitative forms of research and praxis.

The focus here is on how intentionality and consciousness have been studied in nursing and how that study has enhanced appreciation of the unitary nature of the world, along with the development of community and the nursing profession. Much of the literature has been conceptual rather than empirical. Nursing research on consciousness and intentionality informs understanding of community and has the potential for evolving healing communities.

Theoretic Base: Consciousness and Intentionality in Nursing

The understanding of both intentionality and consciousness has evolved in nursing and has been studied from both interactionist and unitary transformative paradigms.

Consciousness

Newman (2005) is the prime nurse theorist to identify consciousness as a central nursing concept. Her theory of health as expanding consciousness (HEC) emerged from

Rogers' (1992) science of unitary human beings (SUHB). Newman (1986) described consciousness as based on pattern recognition and "the informational capacity of the system . . . to interact with the environment" (p. 33). Consciousness as an "indivisible pattern of information is a part of the whole pattern of an expanding universe" (Newman, 1990a, p. 38) and includes relationships within the person, between people, and with the total environment; it reflects an "undivided wholeness of all that there is. There are no boundaries" (Newman, 2005, p. 5). Consciousness is the pattern of the whole that identifies each person and coexists with the universe. It includes *cognitive* and *affective* awareness as well as physiological mechanisms such as growth processes, the nervous and immune systems, and the genetic code (Newman, 1990b). Consciousness is manifest in the quality and diversity of interactions. Newman (2005) viewed health broadly as "encompassing disease" and "as unfolding as expanding consciousness" (p. xiv). When people experience what Newman called *choice points* (crisis), change or transformation (expanding consciousness) occurs and actions result. "When the choice is made, the client's life takes an unanticipated direction characterized by greater freedom and connectedness, and more caring relationships, all of which are manifestations of expanding consciousness" (Newman, 2005, p. 6).

Research based on her theory is grounded in an appreciation for evolving *consciousness*. The person and environment are integral and, in studying that whole, research and practice are also integral. Newman (1986, 2005) used the term *praxis* to capture that wholeness. Research using HEC begins with pattern recognition of the whole, not the parts, and focuses on what is meaningful in the participants' lives. Newman's (1986, 1994, 2005) methodology is largely qualitative and it investigates participants on a path of transforming self-discovery, insight, and new action. Creative means of data collection including stories, art, photographs, dance, and movement become the means to understand the breadth of the human health experience. An example of her research methodology is an action research study examining the combined efforts of staff nurses and administrators to develop a HEC model of care on a hospital unit (Endo et al., 2005). Neill (2002, 2005) used life story narrative as a means for understanding the patterns and experiences of women with multiple sclerosis. Picard (2005) explored the meaning of health for mid-life women. She added creative movement for participants and reflective art for the researchers to standard qualitative interviewing. The results indicated that consciousness was expanded in awareness of pattern in *both* researcher and participant. This in turn created an awareness of the evolving whole allowing enhanced intentionality through pattern recognition and insight. Studies using Newman's model that employ a quantitative design would present more complex challenges to clearly identify and measure such abstract variables as consciousness and intentionality.

Larkin (2007) conducted a Rogerian-based exploratory study on the use of Ericksonian hypnosis in support groups. Ericksonian hypnosis is based on a therapeutic principle that expanding consciousness can enhance the achievement of self-selected health goals. Larkin used Barrett's (2008) power tool and learned that when the hypnosis and non-hypnosis support groups were compared both experienced significantly enhanced power and progressed significantly toward their desired health goals.

Intentionality

Theories of consciousness and intentionality that examine intentionality as a causal linear relationship with an outcome reflect the particular–deterministic paradigm. Many current studies in healing, biology, and physics attempt to measure the impact of thought, desire, imagery, prayer, and intention on biological systems. Dossey (2007), the editor of *Explore: The Journal of Science and Healing*, devoted an entire issue to a review of several experiments that evaluated and explored the role of consciousness in health and the physical basis for intentional healing systems. Taggart (2007) also reviewed many of these in her recent book *The Intention Experiment*. Other examples of intentional, conscious influence on substances were popularized in the recent film *What the Bleep Do We Know?* (Arntz, Chasse, Hoffman, & Vicente, 2004) and in Emoto's (1999) photographic work exploring how consciously directing intentions of love, gratitude, appreciation, and hatred affected crystallization patterns in water. Purnell (Purnell, Pajunen, Tiller, & Dibble, 2008) used an engineering framework to study the effect of intention on the pH of water. She described this as basic bench research which has implications for demonstrating that purposeful thought influences a change in water, of which we are largely constructed. A seemingly small part reflects and influences the whole.

Nurse theorists such as Parse (1998) and Barrett (2008) addressed intentionality, and Watson (1999) addressed both intentionality and consciousness. A few other researchers have either attempted to develop theory or to explore how these concepts are relevant in clinical practice and education. Pilkington (2000) related concepts of change, persistence, and intentionality. She discussed intentionality as fundamental to being, choosing to be involved, assigning meaning to acts, making judgments, voluntarily taking a position, understanding a certain patterning of the world, and to being one with the

world and its process of change. This included dimensions of knowing, willing, and wanting. Dossey and Guzetta (2000) described intention as the "conscious awareness of creating an image of a person's spiritual essence and wholeness" (p. 6). McKivergin (2009) depicted nurses as instruments of healing, utilizing intention as the "conscious alignment with creative essence and divine purpose that allows the highest good to flow through a healing intervention or through life itself" (p. 722). She emphasized that therapeutic presence and unconditional love promote caring, intentional nursing. Watson (1999) related intention(ality) to consciousness and non-local healing. She contended that we do not perceive realities, which are "only wave-like possibilities until we intentionally look, to see. Then the possible reality becomes an actuality. We thus participate in creating reality, partially through our intentionality. Until we act on the possibility, it remains a possibility, not an actuality" (p. 121). Watson assumed that consciousness and probably intentionality, do not solely exist in the brain, but connect with transpersonal caring and love, which portray a "human landscape" of "unlimited possibilities, residing in quantum ambiguity" (p. 126).

Barrett (1988, 2000), drawing on Rogers' (1970, 1992) SUHB, incorporated intention(ality) in a theory of power. Power is the "capacity to participate knowingly in the nature of change characterizing the patterning of the human and environmental fields" (Barrett, 2000, p. 4). People can knowingly create their own reality, intentionally make choices, and act on those choices. Barrett (1998) described "voluntary mutual patterning" as the "continuous process whereby the nurse assists clients to freely choose with awareness ways to participate in their well-being" (p. 136). Nurses encourage clients in mutual process to expand awareness, make choices, act intentionally, and be involved in creating desired change.

Research on Intentionality in Nursing

Theories of intentionality and consciousness offer nurses an opportunity to explicate a unitary/holistic framework and transform a previously task-oriented practice into a mutually supportive community of healing practice. While nurse theorists have acknowledged the importance of intentionality for nursing (Reeder, 2007), early research did not define the concept but used it synonymously with intent or intention. This is also common in the psychology, healing, engineering, biology, and physics literature. Studies in therapeutic touch (TT) attempted to elucidate intention(ality) in that process. Only two studies in nursing (doctoral dissertations) have been conducted to clarify the concept of intentionality (Purnell, 2003; Zahourek 2002).

Research on Therapeutic Touch

While many nurses have identified that intention and intention(ality) are important factors in the healing process, Quinn (1996) discovered that her intentionality (intent) to heal could not be separated from her consciousness when she tried to be her own control in a study replication. Using Rogers' (1970) SUHB framework and a qualitative research design, Heidt (1990) defined TT as a rhythmic energy wave field repatterning in both practitioner and patient. (Authors' note: Rogerian language evolved the word *repatterning to patterning*, which implies field change that is continually innovative). Using a grounded theory design, Heidt's goal was to obtain a set of themes that linked findings to Rogerian science, allowing her to create a Rogerian theory of TT. Centering, focusing attention, setting intention, presencing, and caring are all related to how intentionality is described in TT. Intentions create the ground or shape for repatterning both the healer's and healee's energy fields. According to Sayre-Adams and Wright (2001) repatterning intentions may be manifested as facilitation and stimulation of energy flow, mobilization of pressures or congestion in the field, and "synchronization of rhythmicity in the energy flow" (p. 104).

Early Studies

Using Watson's work, Strickland (1996) described intentionality as a conscious effort to be with, and not just do for a client. Both nurse and client participate in a transpersonal encounter; both experience healing. Using a case study of a consultative home visit with an elderly woman and Newman's (1986) theory, Capasso (2005) joined the concept of intentionality with presencing, mutuality, knowing, and caring in the process of helping people to heal. She used an in-depth case analysis of a nurse's interaction with a chronically ill elderly patient and determined that intentionality was both a way of being in the world, and as a way of participating with another in the process of expanding awareness and increasing health.

Thomas (1990) built on Barrett's (1988) theory and used a case study in ambulatory care. While not defining intentionality, she concluded that intentionality reflected the person's worldview through which experiences are valued and intuited as reality. Both clients and nurses share intentionality in a "human environment field encounter" (p. 122). Nurses deliberately (intentionally) use power to promote health through commitment to service and knowledge-based practice. Schneider (1995) used Barrett's theory and a grounded theory approach to investigate the process of extraordinary healing in three individuals. She derived a four-stage model that described

their process of healing. Central to the process was *focusing awareness* which helped the person knowingly participate in decision-making and in the healing process.

Coffman and Ray (1999) incorporated a concept of community in their substantive theory of *mutual intentionality*. They studied high-risk pregnant African American women's support networks and identified several characteristics of those networks, including being there, caring, respecting, sharing information, knowing, believing in, and doing for. *Mutuality* was based on the receptivity of the woman and the sincerity of the caregiver to meet her needs. The researchers concluded that intentionality was both an internal and an external phenomenon.

> The internal phenomenon of awareness incorporates past, present and future all at once. The external phenomenon of awareness is mutual and transactional, wherein the relationship is both a resource and an outcome. In this way, the intentional awareness of each participant fully emerges to influence the mutual choice making in the support process. (Coffman & Ray, 1999, p. 489).

Social support in this context is not an "outcome or resource but a process of mutual, reciprocal transaction through which people meet their needs" (Coffman & Ray, 1999, p. 490). This mutual process reflects the development of community and community resources that are always occurring in relationships that are "fluid and constantly changing, involving expectations that are influenced by personal, cultural, social and developmental norms" (Coffman & Ray, 1999, p. 490). While not stated, the authors clearly link conscious awareness with mutual intentionality and portray community as an identified awareness of wholeness that emerges in this mutuality. These concepts are interdependent in the evolutionary development of social participation and the building of supportive community.

Research on the Concept and Phenomenon of Intentionality

At present only two nursing studies have been completed and identified on the nature of intentionality. Both began as doctoral dissertations. Using grounded theory, Zahourek (2002a) investigated how healers and healees experienced, described, and demonstrated intentionality in healing. Purnell (2003) investigated intentionality in nursing employing a foundational philosophical inquiry. Both researchers determined that intent, intention, and intentionality were related, but different, concepts. Both agreed that intentionality was a grander and less bounded and more unitary concept than what is usually considered with intent and intention. Some might speculate that since many believe intentionality reflects cause and effect it is not an appropriate concept for the simultaneity paradigm. Both Zahourek (2002b) and Purnell (2003) determined that intentionality is dynamic and evolves paradoxically and unpredictably and resonates therefore with theories of Rogers, Newman, Watson, and Parse. Metaphorically, intentionality is a holographic matrix of interwoven human capacities that influence and are influenced by the environmental field. Such mutual process expands in consciousness as one touches and is touched by others in the environmental field. Rogerian mutual process acknowledged the fluid nature of one's perceived inner and outer worlds (thoughts and actions), purpose, will, wishing, and visualizing. All are sculpted by each individual's uniqueness, innate capacities, and interpretation of experience.

Using grounded theory methodology with nurse healers and their healees, Zahourek (2004, 2005) developed a theory, *intentionality the matrix for healing*. She concluded that intentionality reflects the whole of the person and is related to consciousness. It evolves dynamically in three overlapping phases or types: (a) a basic substrate—*generic*, (b) a working phase—*healing*, and (c) a more spiritual, intuitive phase—*transforming* intentionality. The evolution in both healer and healee was surprisingly similar and occurred subsequent to challenging and/or stressful life events, which is reminiscent of Newman's *choice points*. Such experiences provide the opportunity for learning and potentially transformative development. Intentionality encompasses and integrates a person's fluid levels of consciousness, awareness, ability to focus, and choose actions. In healing, intentionality is an active phenomenon involving an integral, unitary focus of attention on the greatest good. Intentionality is not simply a mental recognition of, or focus on, a problem but rather related to both usual forms of consciousness and to more unusual, paranormal, *and* transpersonal consciousness where heightened states of empathy and extrasensory perceptions may occur. Whether consciousness influences or precedes intentionality, or intentionality precedes *and* affects consciousness was not clear according to the study participants and is not relevant as they co-occur in a unitary paradigm. Since intentionality sensitizes and focuses awareness, it, therefore, could also be considered a focus for consciousness as well.

> According to the theory, intentionality is more than purposeful thought and subsequent action, as the capacity for developing the quality and directions of ones intention, intentionality seems to profoundly affect a person's worldview, self-view, and relationships with others. On a larger scale, the theory has

> implications for how we interact with the community in which we work as well as the world at large. (Zahourek, 2005, p. 106)

In a comprehensive review of the philosophical and research literature on intent, intention, and intentionality in nursing, Purnell (2003) developed a philosophical model that incorporates these three concepts, levels of consciousness, and Carper's (1978) ways of knowing in a linear, progressive system that also acknowledges wholeness. "The model provides a way to understand and place meaningfulness within the context of the whole" (p. 154). She described intentionality as the "primary human dynamic that provides the context through which human-beings value, order, and live out the meaning of their lives in caring relationships among themselves, their environments, and the universe" (Purnell, 2003, p. 28). Intentionality in nursing is also a "dynamic that is an active framework or matrix extending from the unconscious to the conscious for the actualization of nursing" (Purnell, 2003, p. 151). Embedded in nursing's intentionality are the values, ideals, and unique professional knowledge that distinguish nursing and shape, guide, and inform practice. Nursing intentionality is expressed in such patterns as knowing, caring, and healing, and is a way of knowing the whole. In other words, intentionality can form and more knowingly shape the community that is nursing.

Community

The concept of *community* implies special bonds that can be formed through mutual purposes, shared values and dreams, and common agreement about acceptable, normative patterns and behaviors. When these bonds are strong intentions, intentionality, and conscious awareness of shared purpose and norms in community are strong.

Consciousness is inherent in intentionality. Perception and awareness are inherent to each. Each fosters a sense of connection that creates community. Rew (2000) described intentional nursing as integration of the concepts of commitment, caring, and communication offered by nurses in response to their patients who were embedded within a family and community (p. 91). This commitment also includes intention to care for one's self.

Parse (2003) explained that from a humanbecoming perspective, community is a unitary phenomenon. It is not governed by place but is "indivisible, unpredictable, and ever-changing" (p. 23); a "oneness of human-universe connectedness incarnating beliefs and values" (p. xi). Awareness of community requires consciousness of the whole, and that consciousness can be expanded through intentionality in pattern recognition, appreciation, and healthful evolution of norms and values. According to Newman (1994),

> When we begin to think of ourselves as centers of consciousness (patterns of energy) within an overall pattern of expanding consciousness, we can begin to see what we sense of our lives is part of a much larger whole. First the pattern of consciousness that is the person; then broadening the focus, the pattern that is the family and physical surroundings; then the pattern that is the community, the person's larger environmental affiliations, such as work or school; and ultimately the pattern of the world. It is this pattern of the whole that is the phenomenon of Nursing's practice. (p. 24)

As Bunkers (2003) stated, "Nursing is living patterns of presence with community" (p. 82).

Though Zahourek's (2004, 2008) work was developed by exploring healing relationships of nurses and their clients, it may be relevant for conceptual understanding of communities. As people live and encounter challenges and opportunities, the capacity for intention (intentionality) grows and develops into *healing* intentionality. Communities similarly can evolve into healing intentionality with expanding consciousness, enhanced clarity of purpose, and subsequent actions to reach desired goals. As a community advances and moves into *transforming* intentionality, goals are clarified and reflect a growing intuitive awareness and action toward the common good. A sense of purpose and direction exists, and focus is on achieving a greater good. Spirituality, valuing and achieving the common good, and creating a sense of meaning and purpose are more valued. Zahourek's (2004, 2005) theory may be useful for promoting self and health awareness for communities, nations, and the global good on the planet.

Such ideas are useful locally. For example, each nursing unit in a general hospital has its own values, culture, and community. It is common to learn that this community can be stifling to new graduates, or to anyone with new ideas. Helping such communities become conscious of their culture and aware of their intentions and intentionality might be a first step toward facilitating therapeutic change. Clarifying the intention of the unit as a whole, as well as intentions of the individuals, might initiate a community change process with enlightened consciousness, enthusiasm, and appreciation for promoting the overall good for each individual and for the culture of the unit and hospital as well.

As with consciousness and intentionality, *community* may be conceived as less local and bound by time. As the World Wide Web becomes increasingly integral in our

lives, we are aware that community exists in non-local atemporal cyberspace. Cyber communities encompass members who have no common location, no demographics, and no culture. Psychiatrist Jay Holtzman (personal communication, August 14, 2008), in conversations regarding the transdisciplinary nature of unitary science, stated,

> Communication need not occur in real time since individuals may participate, or not, at any time from any location on the planet. Awareness of some common purpose or goal is usually required. This web community is a field which reciprocally resonates with other fields inclusive of consciousness and intentionality. Thus, community on the web is indisputably unitary and pandimensional.

Such community patterns of Web communication can be promoting the greater good (health information and support groups for people with specific illnesses) or can be harmful and detrimental to the health of participants (cyber bullying). There has also been the recent emergence of online trolls who utilize the Internet to inflict harm and deliberately "harass, humiliate and torment strangers" with the intention to evoke "lulz," which means "the joy of disrupting another's emotional equilibrium" (Schwartz, 2008, p. 26). This process of non-therapeutically utilizing consciousness, intentionality, and community through the Internet has been linked with numerous youth suicides (Schwartz, 2008) and warrants evolving nursing awareness, education, research, and praxis for promoting healthful patterning throughout the Web community.

In conclusion, consciousness is viewed as a dimension of awareness and of focus. It may be holographic in that any piece reflects the whole. It evolves and continuously changes and can range like music from a barely audible, distant tinkle of a wind chime of nearly subconscious awareness requiring intense focus and concentration to a huge, deafening, unavoidable full body experience of a rock concert. Consciousness varies moment to moment; in mutual process it influences patterning of self, others, and the environmental field. Intentionality is the capacity for awareness and creating purpose and focus. It, too, evolves and is dynamic. Intentionality both shapes and is shaped by consciousness. Metaphorically each creates a component or a thread that is then woven into a specific fabric, the fabric that is community. Consciousness may be viewed as the thread and intentionality as how the thread is woven. If the cloth has fine thread and is tightly woven you have silk—a highly organized and polished community. If the thread is rough and bulky and more loosely woven you have burlap—a rougher community. Important, however, is that rough burlap can be very strong and seemingly fine silk may be weak. Qualities of community can range from porous to tight, flexible to rigid. This metaphor is not a judgment of the strength of a community, necessarily, but rather a metaphor for how the character of a community interconnects, is crafted, and reflects its intentionality. In considering intentionality and consciousness, community involves the group's capacity for awareness and creating purpose and focus for desired change. Intentionality and consciousness are reflected in the community's self awareness of its process, structure, function, relationships, and actions that are and can be actualized. Further exploration, dialogue, and knowing utilization of these concepts for promoting health and well-being for all people in all communities, wherever they may be, are warranted foci for unitary nurses.

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