Bearing Witness–Not Bearing Witness as Synergistic Individual-Community Becoming

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> To compose a form through which life may unfold, a form which has potential for wholeness, requires the dynamic of diverse elements, the apparently irregular, the seemingly divergent. Such a form lacks the security of predictable behavior, but offers the possibility of newness. (Milio, 1970, p. 37)

It has been well over a decade since the rumblings about nursing and healthcare "moving into the community" were first heard, yet there remains a dearth of scholarly literature explicating the multiple connotations of "nursing in the community." Parse (1999) recently raised several questions for nurse educators concerning this shift, including the following: "What does community focused really mean to the faculty members planning the courses in a program? Is community just a place?" And most important for the purpose of this column, "Will the community-focused idea evolve *from a nursing frame of reference* [italics added] as specified in the discipline's frameworks and theories?" (p. 119).

Traditions in Individual Care and Community Care

The preponderance of nursing care in the modern world has focused on individuals and illness care. Approximately 60% of the 2.5 million North American registered nurses are employed in acute-care hospitals (U.S. Department of Labor, 2000), although only a very tiny portion of the general population can be found in such institutions at any time. That the other 40% of nurses now work outside acute care represents a significant shift from the six decades since the Great Depression, when nurses first went to the hospitals en masse, for survival. The majority of the care provided inside and outside hospitals is oriented toward *individuals only*. From a philosophical and theoretical perspective, this focus is consistent with the majority of Western philosophy since Kant, which (ostensibly) gives priority to individual identities, rights, freedoms, and actions.

The dominance of individualist thought over communitarian thought in Western societies (particularly the United States) has been noted by many scholars for two centuries (de Tocqueville, 1840/1900). The philosophical perspective of individualism, taken broadly, has also informed the emergence of nursing theories in our time. Nursing's definitions of *individuals* as persons, clients, systems, and unitary beings are extraordinarily well delineated and remain remarkably diverse. Individualism informs nursing's view of persons as unique and free to choose from among options. The theoretical explication of nursing perspectives on contemporary communities and individuals' relations with communities, however, is far less developed. It is not surprising, then, that the shift toward community-based care in nursing remains lacking in clarity with regard to its mission and purpose, who will benefit and how, the desired outcomes, the approaches and methods to be used, who will implement what is to be done, how all this involves nursing, who will pay for it all, and how.

Nursing in communities is not new. Milio (1970), in her classic work *9226 Kercheval: The Storefront That Did Not Burn*, demonstrated that an "outsider" nurse could offer servant leadership in a poor inner-city neighborhood made up of people very different from the nurse to develop a project that clearly served the people's purposes and enhanced quality of life. However, Milio wrote most of her book in very concrete terms, in the first person, and some sections poetically, but made little effort to develop theory.

Specialists in public/community health nursing seek to clarify the distinction between community-*located* care and community-*focused* care (Association of Community Health Nursing Educators [ACHNE], 2000; Stanhope & Lancaster, 2000). Their focus is consistent with communitarian and utilitarian strands of thought in Western societies, emanating from varied interpretations of works by Marx, Bentham, and others (Etzioni, 1995) that are often summarized as promoting "the greatest good for the greatest number." Meanwhile,

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nurse educators and leaders strive in a parallel fashion to inspire among students and staff the inclusion of family and community considerations in individual client care, reflecting contemporary nursing's (sometimes difficult-to-detect) commitment to holism. In 2001, *community* has emerged as the preeminent buzzword among healthcare futurists to the extent that today no academic planner or nurse leader would dare omit it from her or his strategic plan (Institute for the Future, 2000). At the same time, it is clear that the majority of the nursing care and nursing education now being offered is rooted in a biomedical model that is stubbornly individual-focused and illness-focused. Properly addressing even the community-related dimensions and concerns of individuals continues to pose tremendous challenges for nurses in practice, education, and leadership. The confluence of traditions in individual and community care has yet to emerge with a new synthesis.

Care in Communities and Nursing Theory–Based Practice

Almost all of nursing's theories and conceptual frameworks of nursing have been developed with a focus on *health* or *care*, not illness, and written so that nurses could apply these theories and frameworks in the community. For the past century, at least, nursing philosophy and nursing theory have *not* seen the discipline's mission as centrally focused on illness care, which constitutes only a narrow range of human experience, as nursing's concern is with the overall health of whole persons throughout the life span. Roy and Andrews (1999), for example, see *health* as adaptively responding to environmental stimuli. Parse (1998) sees *health* as becoming, a "coconstituting" human-universe process. Leininger (1988) sees *care* as a human universal, patterned uniquely in each culture. As more nurses expand their practice beyond illness care, they will increasingly discover the usefulness of these nursing theories, which have been "waiting for them," as it were, all along.

In an often cited article, Clarke and Cody (1994) called for nursing theory-based practice in homes and communities to become the crux of professional nursing education, and community-based nursing curricula (e.g., Matteson, 1995; Tagliareni & Marckx, 1999) are propagating fairly rapidly, but these are not nursing-theory based. The shift in systems of care toward communities and a focus on health will offer increasing opportunities for nurses to apply nursing theories, more than ever before. However, there are as yet few explicit guides to nursing theory-based practice within the context of contemporary community health nursing. For years, Hanchett's (1988) book stood alone in demonstrating the application of nursing theories in community health nursing contexts. Today a few publications demonstrating such applications of theory in more extensive detail are beginning to appear (e.g., see Cody, Bunkers, & Mitchell, 2001).

The Concept of Community

There is a great need for nurse scholars to further explicate the diverse denotations and connotations of nursing's body of theoretical knowledge for practice with individuals, families, and groups in and with communities. Central to the difficulty in understanding what it means to speak about nursing in the community, healthcare in the community, or anything about communities is the stunning lack of analysis of the *concept* of community itself. As Frazer (1999), Wellman (1999), Mason (2000) and others have pointed out, the term *community* enjoys expansive uses among scholars in many fields, wildly disproportionate to the very modest amount of scholarly analysis applied to the term itself.

There is no widely agreed-upon and substantive definition of community in the philosophical, political, sociological, or journalistic spheres, nor in healthcare, despite the fact that the term is used ubiquitously. Neither is there any prominent theory-specific definition of community, surprisingly, in light of the frequency with which authors with very definite opinions refer to it. For example, Stanhope and Lancaster (2000) offer definitions of "community-oriented nursing practice," "community health nursing practice," and "community-based nursing practice" with color illustrations on the inside front cover of the fifth edition of their widely-used textbook. The one partial page devoted to defining community (p. 307) draws largely on sources from the 1970s.

In general healthcare and health policy usage, one may take the term *community* to refer for the most part (roughly) to *naturally occurring groups of people* in societies and most often to refer to those who are *outside acute-care medical facilities*. Indeed, it is often suggested explicitly or implicitly that improving community healthcare can and does reduce the necessity for acute care. ACHNE (2000) recently defined community as "a collective whole . . . made up of persons in interaction, who may or may not share a common geographic location or sense of belonging, but who share common values and interests and act intentionally for a common purpose. . . . [It is] more than the individuals who constitute it or the settings in which they live." Furthermore, the Association states, "Community/public health nursing *complements* [italics added] nursing specialties that are concerned with healthcare of individuals," thereby clearly establishing that care of individuals is not their focus. The *ways* in which individuals make up communities, *relations between* individuals and communities, and what these phenomena mean for community health practice remain unelaborated in the mainstream community health literature.

Nursing Practice in Communities

There are dimensions of healthcare practice in the community as it commonly occurs that differ from hospital-based practice, call forth and relate to different elements of the human lifeworld, and require a different repertoire of nurses. The central dynamic of public health nursing is generally de-

scribed as a cyclical process of *community assessment, policy formation, and quality assurance* (monitoring), typically on a municipal or broader basis (Stanhope & Lancaster, 2000). Common to many professional nursing positions in public/community health is the expectation of promoting *community development*, the creation of agencies and funding streams to address the health issues of a particular population (e.g., see Courtney, 1991). Such positions also entail responsibilities for *population-based programming*, which are generally oriented toward a utilitarian perspective. Working in a context of multiculturalism in the community literally entails the personal immersion of the nurse with a people in a variety of cultures and subcultures where and how they live in the world (Ferguson, 1999). It further requires the nurse to grapple with social policies, laws, regulations and decisions of officials and other individuals that impede not only the provision of healthcare for their clients but also adequate income, housing, nutrition, social support or protection from active abuse (Sebastian & Bushy, 1999).

Skills in these areas are certainly strongly advisable for nurses working in established professional roles in the community, much as biomedical skills such as medication administration, documenting treatments and observations, auscultation of the heart and lungs, electrocardiograph interpretation, and time management in a context of urgent care needs are typically requisite for working in established nursing roles in hospitals. None of these skills and activities (from either arena) are intrinsic to the practice of nursing *qua nursing*, but as Mitchell and Cody (1999) pointed out, *neither* does any of these *preclude* the practice of nursing from a solid theoretical base within the discipline. What is not clear in the mainstream public/community health literature is how the nurse relates to individuals in light of a commitment to the collective whole, and how individuals and communities relate to each other.

The majority of nurses are employed in hospitals and have the bulk of their experience in hospitals. No doubt, many wish they could devote more time to family and community-oriented concerns of the persons for whom they provide care. There is mounting evidence, however, that current conditions in hospitals are not conducive to quality care, due to rampant cost cutting, minimal staffing, and nurse burnout (e.g., see Kirchhoff & Beckstrand, 2000). At the same time, there is a blurring of public health with community-based primary, secondary, and tertiary care and a lack of expertise in community health concepts and skills among the growing numbers of community-based nurses (ACHNE, 2000; Stanhope & Lancaster, 2000). These considerations, along with the general confusion regarding what constitutes communities and how individuals interrelate with communities, suggest that the new wave of community-oriented nursing and healthcare may be rushing forward without benefit of an adequate crew, compass, or rudder.

Although those in the nursing theory-based practice movement see the use of these values-based and honed discipline-specific guides to practice as the best way for nurses to enhance quality of care in all settings, this approach alone cannot resolve the tensions and difficulties embedded in the transition toward community-based and community-focused care. There simply has not been enough attention paid or enough discourse exchanged or enough new ideas tried for anyone to forecast with great authority the ultimate fate of the current burgeoning of community-based healthcare.

Individual-Community Relations in the Context of the Global Village

The meanings of contemporary communities and of individual-community relations are rendered infinitely complex by a number of rapidly evolving constituent elements that have not as yet been adequately described by scholars. Contemporary life unfolds in the context of a global village interconnected to the extent that virtually anywhere on earth is reachable in seconds by wireless electronics and satellite relays or within 24 hours by air travel, for those who have the resources to "reach out" in these ways. Cable/satellite television in North America offers instant access to up to 500 channels, bringing a phantasmagoria of spectacles from around the world into one's home 24 hours a day.

Yet, paradoxically, the same global village exhibits severe and rapidly widening gaps between the haves and the have-nots, on a massive scale. Approximately 1,000 children an hour die from starvation, day after day, year after year. Spending on healthcare in the developed countries amounts to many hundreds of dollars per capita, whereas spending on healthcare per capita in many developing countries—where insulin, antibiotics, and sterile dressings exist only for a small elite—is almost nothing, well under $10 per person. The United Nations' targeted contribution from developed countries to developing countries is 0.7% of gross national product (GNP), but the typical portion of GNP for the wealthy 21 donor countries is 0.24 to 0.34%. The United States' contribution in 1999 was 0.1% of GNP (Organization for Economic Cooperation and Development, 1999). In some countries, women can be politicians or magnates with legal rights (ostensibly) equal to men, whereas in others they are legally regarded as no more than property and abused with impunity. No nation on earth is without a significant "minority" population of some kind, and multiculturalism is increasingly touted as an emerging norm in the West, yet many minorities suffer abuses at the hands of the majority and on any day dozens of wars are being waged around the globe. Kaplan (1994), in a widely cited article, adjudged the international situation to be so full of simmering conflict and chaos as to portend an inevitably disastrous global anarchy characterized by rampant violence and disease by the year 2030.

The United States as a nation has just enjoyed an unprecedented decade of prosperity in which the number of millionaires in the country rose to greater than 2.5 million. Yet there are on any given night, more than 600,000 people who are

homeless, and each year more than 2 million people in America experience homelessness (Healthcare for the Homeless, 2000). Striking disparities exist among various population groups in infant mortality rates, life expectancy, access to care, the prevalence of HIV, and other diseases (U.S. Department of Health and Human Services, 2000). In 1998, law enforcement agencies in the United States reported 9,235 documented bias-motivated criminal offenses (hate crimes) to the Federal Bureau of Investigation (U. S. Department of Justice, 2000, p. 9), including a number of gruesome murders—all committed not due to responses to personal insult or injury but due to nothing more than perceived group membership. Because of pervasive non-reporting of such crimes, the real figure is believed to be many times higher.

Curra (2000) writes, "Every social world is complex, and it changes all the time in uncontrollable and unpredictable ways" (p. 7). In his remarkable book *The Relativity of Deviance*, he builds a strong case that deviance is always a social construction (not an objective reality) that emerges among persons interacting in particular situations. Using examples that include physical appearance; tattoos; makeup; eccentrics; the *berdache* (a respected transgendered role among traditional Native Americans); the 19th-century crusade to eliminate masturbation; wildly variable definitions of what constitutes drug abuse, theft, assault, rape, or murder; and the use of psychiatry for social control, Curra clearly establishes that "no intrinsic or objective qualities exist to separate deviance from nondeviance" (p. viii). "Claims about normality or abnormality, health or illness, morality or immorality, conformity or deviance *always* reflect some form of centeredness because these claims are culturally bound and historically specific" (p. 4). "Deviance" is precisely one group of people exercising power over another.

Clearly, the relations between individuals and communities are still poorly understood across all disciplines, perhaps because this relation is infinitely diverse in its manifestations. Numerous commentaries lament the demise of something the authors call "community," although the meaning of what was lost seems to differ for each commentator. Putnam's (1995) often-cited article on "bowling alone" and similar texts recall the existential tomes on alienation and lost meaning from the 1950s and 1960s. At the same time, scholars investigating *social networks* report that "communities" have not disappeared (also that "community" may not be remembered by those nostalgic for it as it was truly lived in days gone by) but have undergone a little-understood transformation.

Wellman (1999) reports that rewarding and supportive interpersonal contact *of some kind* occurs now as much as, or perhaps more than, ever before. Individuals' personal social networks—their "personal communities"—include significant numbers of intimates, sources of social support, fondly regard- ed coworkers, casual friends, and hundreds of acquaintances— much as research has always shown. Today, the very nature of neighborhood, kin, class, race, occupation, marriage, cohabitation, parenting, communication, and travel has changed. Today's phenomenological communities—networks of human interrelationships *as they are lived*—look different from yesterday's *imagined/theorized* communities. People still interrelate meaningfully, continuously, intensively, and productively (Wellman, 1999). With major innovative socioeconomic and cultural changes emerging almost literally at the speed of light—transmitted by cable news networks, E-mail, the World Wide Web, cellular phones, and intercontinental jet "airbuses"—critics have been forced to attempt to assess, describe, critique, and evaluate changes in the relations among individuals and communities that have already changed significantly by the time their text goes to press or is transmitted or broadcast.

Bearing Witness–Not Bearing Witness as Synergistic Becoming

The purpose of this column is to explore, from a particular perspective within the discipline of nursing, the interrelationships among individuals and communities with regard to health and quality of life. The central dynamic on which this discussion turns is *bearing witness–not bearing witness*, a paradoxical rhythm of human becoming. Bearing witness–not bearing witness is a rhythm we live at all realms of the universe and is uniquely constituent with *presence*. Bearing witness—to acknowledge, to be present with, and to "testify to" the authenticity of another's experience, to demonstrate respect for another's truth—is one of the basic processes of human-to-human relating. Bearing witness happens face-to-face in moment-to-moment living, but it also takes multidimensional forms, such as rituals, testimonies, documentation, literature and art, and innumerable other permutations of attentive and lingering presence offered and experienced in an infinite variety of human situations (Parse, 1998). Choosing with whom to bear witness, how, when, and for what reason is at the very crux of human coexistence. To bear witness to one phenomenon in a chosen way is simultaneously not bearing witness to that phenomenon in other ways or to other phenomena. *Not bearing witness* is freely choosing not to be present with, acknowledge, respect, or offer testimony about *something or someone,* yet the very who one is bears witness to one's truths and one's values. Bearing witness–not bearing witness is a rhythmic, paradoxical unity. Whenever bearing witness is in the foreground of one's experience, not bearing witness is there too, as a constituent element of the situation and an ever-present possibility for one's choosing.

Bearing witness–not bearing witness arises in the moment-to-moment flux of living and reflects personal values and choices made at all realms of the universe (Parse, 1998). One person's self-expression, explicitly and implicitly evincing shared and unshared values, encounters the self-expression of the other, also explicitly and implicitly evincing shared and unshared values. What is not said, and what is not heard, is coconstitutive of the situation just as what is stated and what is heard are. Bearing witness to another's professed (or con-

fessed) experiences and truths is bearing witness to the person's "living of value priorities" (Parse, 1998, p. 71). "It is being with the rhythms of the sounds *and silences* [italics added], the visions *and blindnesses* [italics added] of the human-universe process" (p. 71). When the value priorities languaged are not acknowledged, not heard, or not respected, one experiences a sense of the diminution of one's presence as experienced and acknowledged by the other. The refusal to bear witness, although unavoidable at times, can be tragic, it can change lives irreversibly, it can eliminate (or create) possibilities, and it can diminish (or enhance) quality of life. When the value priorities languaged by another *negate* or *cancel* the value priorities one is languaging, one's being/becoming as *who one is* is threatened.

It is my thesis that bearing witness–not bearing witness is a rhythmic process whereby individuals with communities actively participate in cocreating reality. This discussion builds on my previous works on *bearing witness* (Cody, 1995, 2000, in press; Cody, Bunkers, & Mitchell, 2001). Woven through this discussion will be observations drawn from multiculturalism, social network research, and the semiotics of virtual culture. My goal is to bring into apposition Parse's human becoming school of thought with the pragmatics of contemporary community health practice through a hermeneutic exposition of the paradoxical rhythm of bearing witness–not bearing witness.

Bearing Witness–Not Bearing Witness as Synergistic Individual-Community Becoming

Human becoming is characterized by Parse (1998) with three themes, here slightly paraphrased for purposes of this exposition.

- Structuring meaning multidimensionally is cocreating reality.
- Cocreating rhythmical patterns of relating is living paradoxical unity.
- Cotranscending with the possibles is a (cocreated) process uniquely experienced by each individual (Parse, 1998).

Like being human and becoming itself, bearing witness–not bearing witness relates to the entirety of the human becoming theory, rooted in the philosophical belief of coconstituting. It is a way of coconstituting. Structuring meaning multidimensionally is an unbounded, intersubjective process that defines *being* yet is ever-changing. It is intentional and experiential and in any moment both representation and event, interconnecting the human all-at-once with predecessors, contemporaries, and successors. Relating these ideas with the concept of community, Parse (1999) says that community is "a oneness of human connectedness that is configured with unique beliefs and values" (p. 119). She further states,

> *Cocreation* refers to the coconstitutive nature of the human-universe mutual process; this means that all that *is* arises with the constituents of a situation. Who an individual human being is always in cocreation with all that is in the universe, particularly with that which the individual believes to be important. (p. 119)

The bearing witness–not bearing witness rhythm is fundamental to this human process. What is *real*, what is *attended to* in everyday living or occasions of heightened awareness, is cocreating through bearing witness–not bearing witness. Choosing from among the 500 cable channels is a way of cocreating reality that reflects one's values and is bearing witness–not bearing witness. Selecting whom to call on the cell phone and what to say to them is bearing witness–not bearing witness. Choosing how to be with one's awareness of persons' differing values, beliefs, and customs and how to be with the manifold abundances and deprivations of the world is bearing witness–not bearing witness. Parse writes, "Humans are unitary beings, known through patterns, who choose the value priorities that they live from multidimensional realms" (p. 119). The semiotic dimensions of these patterns extend throughout the human universe. In the United States, for example, messages are given and taken through such symbols as tiny metal fishes and rainbow decals on car bumpers as well as acronyms, logos, use of dialect, party affiliation, types of cars, houses, clothes, and grooming. Messages are given and taken many times in every moment of every day, all-at-once to and from individuals, to and from individuals and groups, and to and from multiple groups and communities.

Community, then, is cocreated multidimensionally with all people. Some people attend to and value ancient history from all the world and devote time and energy to bearing witness to its value. Literature and the arts from ages past still manifest the power to move people that was invested in them by their creators in millennia long past. Those who are so moved bear witness to this power and to the humanity of the authors and artists who left that legacy for them. Some people have no particular interest in what was and are intensively engaged with the now and the not-yet. Young people in Western culture today have experienced since birth an infinite panorama of Technicolor (and digital) images that endlessly change every few seconds. Copiously reproduced images illustrating the limitlessness of human potential have contributed to the emergence of extreme sports and the unbounded interrelationships of passion and violence glibly pronounced in hip-hop culture. Steven Jones (1997), in his book *Virtual Culture* writes that, "when we are unable to avail ourselves of communication technology we are struck by the intensity of the local, the immediate apprehension that we are in the here and now, and unable to attend to matters beyond our physical reach" (pp. 8-9). Jones worries that "we are inventing landscapes from whole cloth" (p. 32). But a peek into the tombs of the ancient Egyptians or the breathtaking heights of Macchu-Pichu remind us that phantasmagoric extremes of human ex-

istence are not new, and sometimes it is well to remember that Socrates himself distrusted *writing* as a newfangled technology that would wreck the human intellect. Choices are made based on innumerable other explicit-tacit choosings in one's lifetime. Parse (1999) writes,

> The meanings individuals give to situations are the experiences that incarnate their health; that is, individuals bring to each event personal histories. These are the personal realities that are the individuals' languaged imaged values. A community, then, is coconstituted with all the personal histories of the individuals who are present. (p. 119)

These persons coconstitute their communities through their chosen patterns of bearing witness–refusing to bear witness. The cocreating of rhythmical patterns of relating unfolds with the paradoxical unity of bearing witness–not bearing witness.

> What arises as the distinctiveness of a community reflects the diverse meanings of the individuals, and although the evolution of a community over time has recognizable patterns of constancy, the ever-changing process incarnates diverse patterns. The ever-changing process arises as meanings for each individual change with new experiences, shifting value priorities and cocreating different imaged possibilities with different realities and expanded personal histories. (Parse, 1999, p. 119)

Communities in turn bear witness to the values and beliefs they hold dear—or revile—and do not bear witness to phenomena that are not of interest to them. For example, public policy bears witness to community leaders' values and beliefs about a given matter in civic life. Funding and other support of facilities and services for groups within the community are ways of bearing witness to the value the groups hold for the power brokers in the community. When a particular group is portrayed respectfully and with depth in the media, this bears witness to the value of that group to those who control the media.

One way for the wealthiest nations to bear witness to the realities of life in developing nations, a value for persons living there as human beings and to assist them to inch toward "life, liberty and the pursuit of happiness," is to honor international commitments to regularly contribute a tiny portion of their GNP. The status quo, in which most of the wealthy nations grossly shortchange their commitment while 1,000 children per hour are dying of starvation, is *not bearing witness* to the value of human life in those developing countries, from which the wealthy countries tend to disassociate themselves. The reporting of bias-motivated crimes—crimes against people based on perceived group membership rather than any personal interactions—is one way of bearing witness to the society's value for the persons against whom the crimes are directed and society's disapproval of the crime as well as its motivation. That only a fraction of jurisdictions in the United States are believed to accurately report the hate crimes for which people actually file complaints reflects a refusal on the part of law enforcement agencies to bear witness to persons' lived experiences of these occurrences as crimes. Communities that choose not to provide sufficient shelter to allow thousands of people a safer, warmer alternative to sleeping on sidewalks in winter are *not bearing witness* to the human dignity of those persons; meanwhile, their policies regarding loitering and so forth bear witness to their values of safety, order, and appearance. Regularly connecting with loved ones over many miles using cell phones, E-mail, or other personal communication media is bearing witness to one's love for these others, who are close although they are distant. Rarely visiting members of one's family of origin who live a few blocks away in the same city is not bearing witness to the value of their company. The community that establishes a seamless system of continuity of healthcare for all poor people living there bears witness to the respect of its leaders for the human dignity of the poor.

Still, it is not possible to not bear witness; it is absolutely necessary in moment-to-moment living. One cannot attend to all things. One cannot be present to all things. One cannot continually exude the utmost of respect for everyone one meets, listen to their troubles, or bear witness to all their fine attributes. Bearing witness to some things can be hurtful or even ruinous, as in those cases when wisdom says let bygones be bygones. Clearly, various ways of bearing witness–not bearing witness can be considered beneficent or maleficent from various perspectives. It is the choosing based on personal values and the languaging of it in being with and apart from others that cocreates the reality with which one lives. Parse (1999) writes,

> Community, however broad, wide, and deep, is incarnated with unique patterns by which it can be recognized. . . . The world, countries, states, cities, groups, families, and individuals are at one with the galaxy community, yet each of these entities has unique rhythmical patterns cocreated with its respective constituents that make each a community, and all of these entities coconstitute each other. (p. 120)

Cotranscending with the possibles is a (cocreated) process uniquely experienced by each individual (Parse, 1998). Through making choices and living with the consequences of choice, persons engage in pushing-resisting rhythms with other people and other events, situations, and processes in the universe. In making these choices, a member of a community may choose to conduct oneself or go down a certain path to be like or unlike other people, according to one's shared and unshared values in relation to the others. The choices bear witness to one's values and to the alikeness and unalikeness of one's own and others' ways of being-becoming. Ways of not bearing witness might be the practice of "passing" for White or straight, keeping quiet about some notable event for whatever reason, or going along in a situation in which one does not believe. The outcomes of these choices are not known in advance, and so the cotranscending—moving beyond what is

to what is not yet—is always in some ways mysterious and innovative. In any number of ways over a lifetime, gradually or suddenly, in the explicit or in the tacit, the unfamiliar merges with the familiar and a new way of being-becoming emerges. These ways of being-becoming are shared and unshared with others in communities. Indeed, Gadamer (1960/1976) refers to this process as the "fusion of horizons," which poetically expresses the oneness of the person with community. Parse (1999) writes,

> As an individual selectively engages in face-to-face meetings; dialogues with printed materials; communicates through the galaxy-wide web; and imagines with people, ideas, objects, and events, he or she abides with predecessors, contemporaries, and successors all-at-once in all the ways that he or she lives personal, multidimensional experiences in becoming a personal history. Since the individual's personal history is cocreated with the universe, the individual is community. (p. 120)

Bearing witness–not bearing witness is a way in which individuals, groups, and communities synergistically cocreate one another. This conceptual exposition is offered here as a contribution to nursing theory development within Parse's human becoming school of thought.

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