The Narrative Methodological Contribution of the Lived Body toward the Deliberative Processes in Bioethics*

A Study Composed of Physicians as Observers of Bullying

[English Version]

Contribución metodológica de la narrativa del cuerpo vivido a los procesos deliberativos en bioética
Un estudio situado en médicos espectadores del acoso escolar

Contribuição metodológica da narrativa do corpo vivido aos processos deliberativos em bioética
Un estudio situado en médicos espectadores del acoso escolar

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Abstract

Introduction: Bioethics has gained relevance from the principlist approach, which is based on principle-based decision making within the physician-patient relationship. However, bioethics could be regarded from methodological approaches that include the human being's phenomenological/existential characteristics. The objective is to establish a methodology linking narrative, lived

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body and bioethics for understanding lived experiences from the physician's view as an observer of bullying. **Methodology:** Two research designs are presented: documentary and biographical-narrative. Documentary research considers the narrative and the lived body from phenomenology as conceptual sources which determine the three methodological proposal stages as structuring the deliberative processes in bioethics, intervention and training processes. Biographical-narrative research, based on the narrative, provides both an instrument for data collection and a scheme for narrative analysis. The convenience sample comprised five licensed practicing physicians with experience in bullying at a school level **Results:** The methodology allowed for four narratives for each narrator/physician. The narrative analysis shows an understanding of what was experienced, and at the same time, the narrator/Physicians' training process. **Discussion:** The lived body narrative establishes the deliberative processes in bioethics as understanding and training processes of physicians as observers of bullying. **Conclusion:** the narrative of the lived body provides bioethics a way of thinking about the dwelling place of mankind as a way to inhabit the world of life with respect to the other and bioethics arises as a constitutive perspective of being in the world.

Keywords: Narrative; Lived Body, Bioethics, Deliberation; Methodology; Phenomenology.

Resumen

Introducción: la bioética ha tomado relevancia a partir del enfoque principialista, el cual se fundamenta en decisiones orientadas por normas en el contexto médico-paciente. Sin embargo, podría pensarse la bioética desde enfoques metodológicos que reconozcan las características fenomenológicas/existenciales del ser humano. El objetivo es establecer una metodología que articule narrativa, cuerpo vivido y bioética, en la comprensión de experiencias vividas situadas en el médico espectador del acoso escolar. **Metodología:** se presentan dos diseños investigativos: la investigación documental y la investigación biográfico-narrativa. La investigación documental toma la narrativa y el cuerpo vivido desde la fenomenología como fuentes conceptuales que determinan los tres momentos que componen la propuesta metodológica, para estructurar los procesos deliberativos en bioética, como procesos de intervención y formación. La investigación biográfico-narrativa, a partir de la narrativa, brinda tanto un instrumento de toma de información, como esquematismo en el análisis narrativo. La muestra se organiza a conveniencia: cinco médicos graduados en ejercicio laboral y con experiencias vividas en el acoso escolar. **Resultados:** en la implementación de

la metodología se obtuvieron cuatro narrativas por cada médico/narrador. El análisis narrativo evidencia comprensión de lo vivido, y a la vez, el proceso de formación del médico/narrador. **Discusión:** la narrativa del cuerpo vivido estructura los procesos deliberativos en bioética como procesos de comprensión y formación de médicos espectadores del acoso escolar. Conclusión: la narrativa del cuerpo vivido brinda a la bioética un modo de pensar la morada del hombre. Como forma de habitar el mundo de la vida en relación con el otro, surge la bioética como constitutiva del ser en el mundo.

Palabras-clave: Narrativa; Cuerpo vivido; Bioética; Deliberación; Metodología; Fenomenología.

Resumo

Introdução: a bioética ganhou relevância a partir da abordagem principista, que se baseia em decisões normativas no contexto médico-paciente. Porém, a bioética pode ser pensada a partir de abordagens metodológicas que reconheçam as características fenomenológicas / existenciais do ser humano. O objetivo é estabelecer uma metodologia que articule narrativa, corpo vivido e bioética, na compreensão das experiências vividas situadas no médico espectador do bullying escolar. **Metodologia:** são apresentados dois desenhos de pesquisa: pesquisa documental e pesquisa biográfico-narrativa. A pesquisa documental toma a narrativa e o corpo vivido da fenomenologia como fontes conceituais que determinam os três momentos que compõem a proposta metodológica, para estruturar os processos deliberativos em bioética, como processos de intervenção e formação. A pesquisa biográfico-narrativa, baseada na narrativa, fornece tanto um instrumento de coleta de informações, quanto esquemáticos na análise narrativa. A amostra é organizada por conveniência: cinco médicos formados em prática de trabalho e com experiências vividas em bullying. **Resultados:** na aplicação da metodologia, foram obtidas quatro narrativas para cada médico / narrador. A análise da narrativa mostra a compreensão do vivido e, ao mesmo tempo, o processo de formação do médico / narrador. **Discussão:** a narrativa do corpo vivido estrutura os processos deliberativos em bioética como processos de compreensão e formação de espectadores médicos do bullying. **Conclusão:** a narrativa do corpo vivido oferece à bioética um modo de pensar sobre a morada do homem. Como forma de habitar o mundo da vida em relação ao outro, a bioética surge como constitutiva do estar no mundo.

Palavras-chave: Narrativa; Corpo vivido; Bioética; Deliberação; Metodologia; Fenomenologia.

Introduction

Bioethics has been regarded from different methodological approaches and a principlist approach has emerged as a prevailing rationality of deliberative processes on principle-based decision making in distinct professional contexts: the physician-patient context is the most recognized and used. (Gracia, 2016). On the one hand, Gerald McKenny (1997) considers bioethics has been limited by biopower when assuming corporeality as technical data that relegates pain/suffering in medical culture. On the other hand, he intercedes for a moral meaning narrative of the lived body in the understanding of said pain/suffering. Despite McKenny's observations, the lived body has not been involved in deliberative processes in bioethics. This exposes an epistemological and methodological gap when uniting the categories of lived body and the deliberative processes in bioethics.

Ten Have (1988) raises the importance of existential identity which arises from the relationship with one's own body or lived body. On the one hand, this corporeality is an existence in which the subject is not separated from the body and rises as the origin of the world's lived experience (Merleau-Ponty, 2013). On the other hand, it is not based on the interpretation of life and what has been lived in the light of principles, but on the narrative constitution of this bodily experience as an understanding strategy. The lived experience as a subject's existential event can be woven from the narrative to build the agent's identity, and, at the same time, this narrative allows for understanding life issues with the other (Merleau-Ponty, 2013; Ricoeur, 2006; Freydell, 2018).

Narrative and lived body are established as categories that from their epistemological and methodological analysis, could provide deliberative processes in bioethics with an understanding of lived experiences in relation to life (Ricoeur, 1999, 2006) and their related phenomena (Merleau-Ponty, 1993, 2013). Both Alastair Campbell (2009) and Juan Lecaros (2016) emphasize the importance of phenomenology in bioethics to address human complexity, whether mental or corporeal. According to these authors, the foundations of bioethics have been forgotten. These foundations seek to preserve a human being's quality of life in the world.

Phenomenology provides the historicity of man's lived experiences, which bring to light what is forgotten in bioethics; in other words, brings recognition of the phenomenological and existential characteristics of a human being in his or her environment. The epistemological development of the research is situated in phenomenology, presenting a dialogue between Merleau-Ponty

(phenomenology of the body) and Ricoeur (hermeneutical phenomenology). This is a dialogue that allows for linking the categories for narrative and lived body with the object to delimit, conceptualize and study deliberative processes in bioethics. Additionally, the methodological development seeks to implement the results of this mentioned dialogue, in the design of a methodology that provides bioethics, specifically deliberative processes, an understanding of lived experiences beyond decision-making.

From this methodological design emerges its validation in a situational pretext that is bullying. Maria Fernanda Enríquez and Fernando Garzón (2015) intercede with methodologies that lead to the narrative reflection of the agent around bioethics, in educational settings in which bullying occurs. However, this methodology could be applied to other scenarios that involve the understanding of lived experiences such as cancer diagnosis or teacher training processes, among others.

Both narrative (Ricoeur, 2006) and lived body (Merleau-Ponty, 2013) are presented temporarily situated in bullying, the agent weaving stories in an intelligible way and endowed with meaning in relation to their corporality: physical suffering is able to be recounted, not as physiological data, but as an expression of a life that can provide meaning. Therefore, bullying as a horizon of analysis of a lived experience can be expressed through the narrative of the agent's lived body. This agent emerges as a unit of work, and his or her narratives of the lived body emerge as a unit of analysis, using narrative biography as a research method (Bolívar, 2002) (Passeggi, 2011).

To define the work unit, studies that focuses on physicians in training and who experienced bullying were collected. The most outstanding study, published in 2017, shows the reality of bullying for residents of medical specialties from a bioethical analysis. One of the recommendations calls for the design of methodologies that lead to the prevention of abuse in medical residents (Derive et al., 2017). Olga Paredes et al., (2010) establish that the violence/bullying experienced in the medical schools in some of the main cities in Colombia, and in work settings, constitute a risk factor that falls on the medical student and the medical professional, deteriorating their performance.

The importance of focusing the research work on the medical professional (graduate) who works in the Capital District (Bogotá DC, in one of its localities) with lived experiences as an observer of bullying, arises to be able to implement in him or her a methodology in which narrative, lived body and deliberative processes in bioethics come into play for the understanding of the phenomenon of school bullying. This leads to the statement of the research problem: What methodology links narrative and lived body in the deliberative processes in bioethics, to understand the experiences lived in the life of graduate physicians who work

in one of the District's localities, as observers of bullying? This question is developed from the following theoretical proposition: the narrative of the lived body in the deliberative processes in bioethics could provide the method of investigative intervention, in the characterization of the Physician who is an observer of bullying, and also a training methodology for the understanding of the vicissitudes of the world of life.

To answer the research question and develop the theoretical proposition, the objective of establishing an intervention-training methodology that links narrative and lived body in the deliberative processes in bioethics, from the narrative documentary and biographical research designs in the qualitative paradigm, is stated to understand the experiences lived in the world of medical graduates who work in one of the District's locations, situated as observers of bullying.

The following structure is presented as the results of the research: methodological framework of the research, epistemological foundation of the intervention methodology-narrative formation of the lived body – from documentary research – design of the methodology intervention-training, validation of the intervention-training methodology – based on a biographical-narrative investigation – presentation, discussion of results and conclusions.

Methodological Framework

The research originates from the formulation of a problem that guides the epistemological and methodological construction of the work. This development requires theorizing, which is achieved through descriptive analysis of the categories involved in the research premise. It seeks to provide clarity to the problem, and alternatively, to find a path that answers the research premise (Ávila, 2006).

Documentary research offers a means to collect information from research done, from the categories of narrative, lived body, and deliberative processes in bioethics: it becomes the central axis in the formulation of the problem, the theoretical proposition and the epistemological development of research work (Franklin, 1997). Documentary research establishes the premise: what are the epistemological elements that would base the methodology of intervention-narrative formation of the lived body for deliberative processes in bioethics? Likewise, it provides the path to materialize the specific objectives of epistemologically grounding the intervention methodology-narrative formation of the lived body,

for deliberative processes in bioethics, and design the intervention-training methodology.

Regarding the specific objective of validating the design of the intervention-training methodology, the narrative presents two modalities, consistent with the hermeneutical circle in phenomenology (Ricoeur, 2000; Passeggi, 2011; Bolívar, 2012; Barrios- Tao, 2018). An instrument for gathering information and narrative analysis in the characterization of the agent is presented as a research method (Polkinghorne, 1995; Bruner, 1991; Bolívar, 2002). Additionally, the same instrument is presented as a training methodology (Cornejo, Mendoza, Rojas, 2008; Passeggi, 2011) that has been elaborated in the training of teachers in the qualitative paradigm (Bolívar, 2012; Huchim, Reyes, 2013). Biographical-narrative research is structured from these two modalities.

In addition, two dimensions are distinguished that are transversal to all research: the epistemological and the methodological. The epistemological dimension tries to establish a link between the categories of narrative, lived body and deliberative processes in bioethics through documentary investigation. The methodological dimension aims to implement the epistemological dimension in a real event – school bullying – for its validation based on narrative biographical research in the qualitative paradigm. The research focuses on the epistemological contribution of the narrative of the lived body to bioethics in its methodological dimension, that is, in deliberative processes.

Epistemological Foundation: A Documentary Investigation

The epistemological foundation of the intervention-formation methodology of the lived body is presented in the theoretical framework divided into two parts: the state of the art and the conceptual commitment (Escorcia, 2010). In the construction of the status of the question, three bibliographic reviews were performed.

The first review examines the category of the lived body in the areas of social, human and health sciences, focusing on deliberative processes in bioethics. The analysis showed that the lived body has been related to philosophy, anthropology, sociology, psychology, education, politics, medicine, ethics, morality and bioethics, (perhaps in lack of incidents) in deliberative bioethical processes. The conclusion was that the lived body in bioethics could link the object body and the subject body in the recognition of the phenomenological characteristics of human nature. However, despite the existence of links between the lived body with bioethics on one hand, and with deliberative processes in

bioethics on the other, when joining these three categories epistemological and methodological gaps appeared was evidenced.

The second review examined the nexus between the concepts of narrative, hermeneutical phenomenology, ethics, and deliberative processes in bioethics. In the analysis, it was found that ethics in hermeneutic phenomenology could lead to thinking of bioethics as constitutive of being in the world of life: the subject is created and re-created at the same moment of being narrated for another. The third review examined the concepts of the lived body, phenomenology of the body, ethics, and deliberative processes. In the same way as in hermeneutical phenomenology, the ethics in the phenomenology of the body could lead us to think of bioethics as constitutive of being in the world of life. Additionally, in the analysis of these last two bibliographic reviews, there were concordances between the hermeneutic phenomenology and the body, based on the concepts of temporality, historicity, schematism, identity and tradition.

In relation to the conceptual wager, two articles of reflection support its premise, which do not define that wager, but do provide conceptual elements for its elaboration. The first article, "Characterization of the narrative agent in lived experiences" (Freydell, 2018) establishes elements of temporality, historicity, tradition and schematism that make the configuration of identity and tradition of the agent possible. The second article, "Identity configuration in the narrative of the lived body" (Freydell, 2019) explores the nexus between the lived body and the narrative, from the phenomenology in the constitution/configuration of the narrative agent of the lived body.

Bioethics, this begins with Van Rensselaer Potter (1971) who advocates addressing long-term human survival, either on existential aspects or on aspects of environmental sustainability of the planet from a holistic view (Schmidt, 2008; Arenas, et al., 2017). This approach focuses on building a knowledge that leads knowledge. On the other hand, Potter's approach to bioethics differs from that developed by André Hellegers, who focuses on ethics applied in the biomedical discipline. "The principles of biomedical ethics" (Beauchamp, Childress, 2001) led to the principlist approach to bioethics (Yagüe, 2014). José Álvarez (2011) considers that principlist approach presents weaknesses due to believing that every problem has a single answer; this approach is increasingly debated. For Gracia (2011) the ethical response, in a world that demands overcoming the decision as an end, must focus on the problem, and thus to get out of dilemmatic situations.

However, bioethics currently presents other approaches that can nourish deliberative processes for decision-making: bioethics with a utilitarian, universalist, personalistic, theological, hermeneutic, narrative approach, among other approaches. The different approaches that have led to a development of

bioethics, start from interpretations of the subject and the world from specific ontologies. Among these approaches, bioethics thought from a hermeneutic rationality places narrative as a form of interpretation of living in deliberative processes (Gracia, 2002; Domingo-Moratalla, 2007; Feito, 2013). However, the contribution of the narrative in bioethics of Gracia, Domingo-Moratalla and Feito, is approached from the argumentation and interpretation in the book *Lo Justo 2* by Ricoeur (applied ethics) and not from the phenomenology present in the books *Oneself as Another* and *Time and Narration*, by the same author. Ricoeur's narrative has not been linked to bioethics since hermeneutic phenomenology, which, in this author's opinion, could provide both epistemological and methodological bases to deliberative processes in bioethics.

Ricoeur (1990) links narrative with ethics by considering that the "subject of ethics" is the one that emerges from narrative identity (p.184). Narrative identity is the result of the agent's examination of events of his life. To deliberate is not about choosing the most suitable means for an end, but about the examination or reflection of a life, a reflection that passes between the bios and the ethos; that is, between life and customs (tradition). The ethics that emerge from hermeneutic phenomenology motivates us to think about bioethics from the existential, from the understanding of lived experiences.

According to Merleau-Ponty (1993), the lived body is not a body or a consciousness with all the characteristics that biology offers. Corporeality is not based on the idealism proposed by the objectivity of reality, but on living character that encloses existence. In this sense, reason is not the one who gives an account of life, but of corporeality. To be of the world is not to possess it, but to be open to its encounter. This revelation of the world is directed to the encounter of one's own existence. It is what Merleau-Ponty (2013) calls phenomenology that "studies the appearance of being in consciousness, rather than assuming given in advance its possibility" (p.82).

Both Anya Daly (2016) and Jairo Gutiérrez (2010), as well as Emmanuel Alloa (2016) agree that the implicit ethics in Merleau-Ponty is based on intersubjectivity, on the relationship with the face of the other; not as a face of physical features, but in the call of the other as corporeality that is set to be inhabited by another corporeality.

The phenomenological bases on which corporeality (lived body) is supported from Husserl to Merleau-Ponty were not linked to bioethics directly, but to ethics. The same thing happened with hermeneutic phenomenology from Dilthey to Ricoeur. Although, this ethic, from the hermeneutic and body phenomenology, is founded as a constitutive character of the human being that makes the possibility of thinking inescapable, reflecting or wondering about one's own understanding of life and life of others in the world, at the same time

that it offers answers to these questions. This ethics implies a subject that is built (made) and formed (re-made) in the same process of living life in relation to others, leading to ethics considered from phenomenology as providing a way of thinking about deliberative processes in bioethics from the existential.

Both phenomenological approaches consider life from different views, one from the bodily, and the other from the narrative; however, Merleau-Ponty and Ricoeur, in a dialogue, agree to identify the concepts of temporality, historicity, schematism, identity and tradition, as epistemological references to research work.

With regard to historicity, a story is presented for that subject that lives as a story that can be narrated as a creative expression of an existence. It provides organization or schematism in a temporal plot with meaning: it is narrated in that time which is able to understand and share; narration that boasts a structure or schematism that is familiar to the narrator and to the listener, a structure that is provided by tradition. Mimesis is presented as schematism to build on dialogue, identity (characterization of the agent), and at the same time, as it is a shared dialogue, tradition is also considered. This schematism offered by mimesis allows for identifying the three moments that the methodology of intervention-narrative formation of the lived body must considered, to provide structure to the deliberative processes in bioethics as processes in which the subject builds his identity, and at the same time is formed, by re-constructing said identity with others. What is sought is that the agent can share with the other the same residence: the world of life.

Design of the Intervention-Training Methodology

The concepts of temporality, historicity, schematism, identity and tradition are built as an epistemological basis in the foundation of methodology of intervention-narrative formation of the lived body (see Figure 1).

Figure 1. Methodology of Intervention-narrative Training of the Lived Body

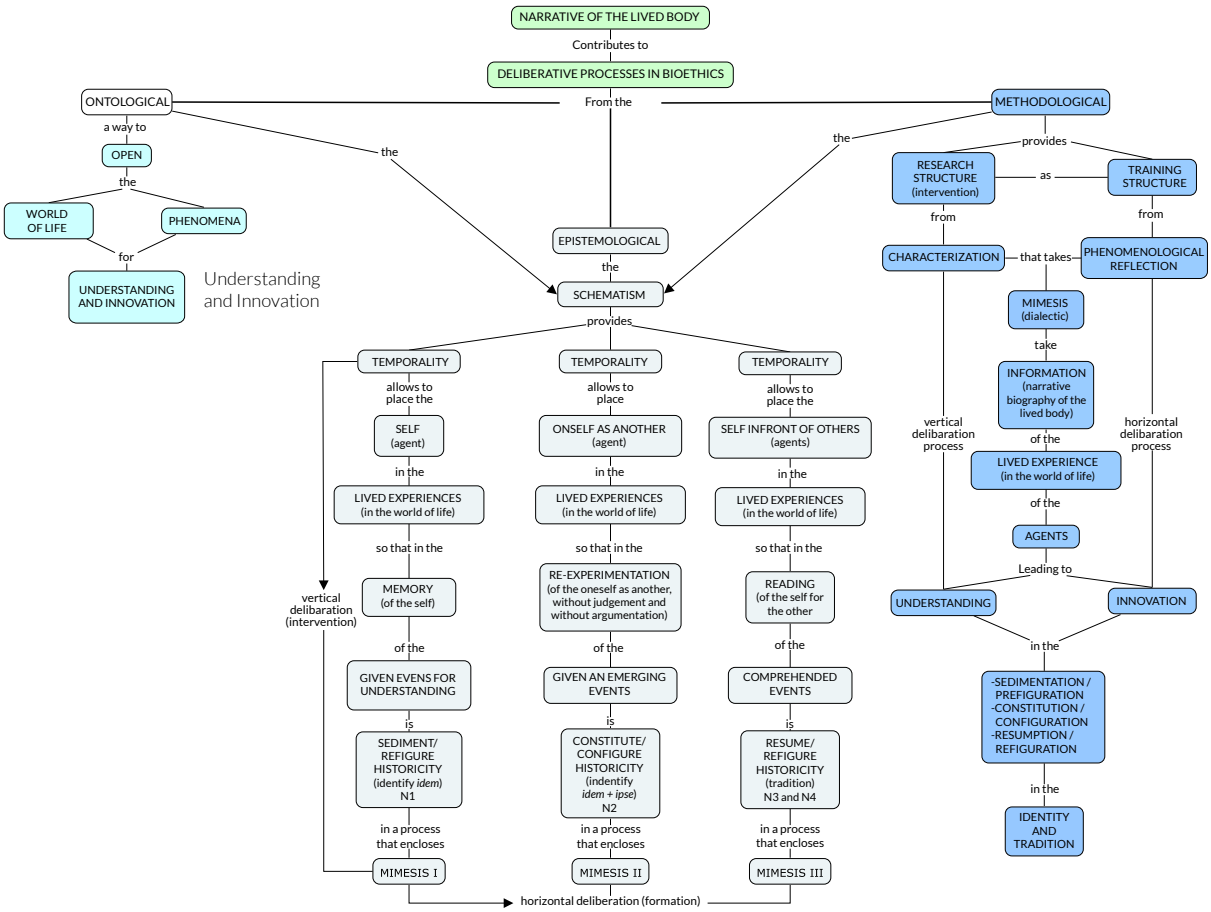
Bioethical deliberative processes A methodology of intervention-narrative training of the lived body						
MO	Procedures	Purposes	Meetings	Activities	Instruments	Results
MIMESIS I: Start of deliberation	Stage I: Sedimentation/ Prefiguration	To mobilize the narrative agent and to establish a bond of co-existence with researcher.	1	Act 1: The researcher recognizes within the world of life a phenomenon that opens up for understanding. Act 2: The researcher is situated in the phenomenon of interest and identifies the population to work in deliberation. Act 3: The researcher designs and exposes an ontological question or provocative phrase for the identified population, for the mobilization (intentionality) of those who the phenomenon opens for understanding.	Group of deliberation	Agreement between *narrator*/ researcher and narrator for the understanding of what has been experienced.
		To contain, guide, commit and constitute the narrative agent in a group of deliberation.	2	Act 4: Construction of the coexistence link between the researcher and the mobilized population: explanation of the research project (deliberative process) and ethical aspects of the research. Act 5: Constitution of the narrative agent of the lived body (the researcher as *narrator* and the investigated as narrator): the bond of co-existence is verbally sealed (the sample is concreted for deliberation), and proceeds to the explanation of how to make a narrative in which the *narrator* / researcher and the narrator intervene for the understanding of lived experience.		
		To narrate the experience of the lived body: the problems lived.	3	Act 6: The narrator describes *narrator*/ researcher in a private space that favors co-existence, the lived experience that answers the questions: what happened?, how did it happen? and why do you think this happened? Act 7: Identification of emotions that refer to the uninhabitability of the world lived in relation to the other, and of the delimitation of the events (phenomenon) to be understood. Act: 8 Establishment of the main question that guides the development of the deliberation. Act 9: Transcript of narrative 1 by the *narrator*/researcher that evidences the historicity of the narrator.	Biographical narratives.	Narrative 1.

Bioethical deliberative processes A methodology of intervention-narrative training of the lived body						
MO	Procedures	Purposes	Meetings	Activities	Instruments	Results
MIMESIS II: development of deliberation	Stage II: Constitution/ Configuration	To read narrative 1.	4	Act 10: The *narrator*/researcher reads narrative 1 to the *narrator* for modification: the narrator is found as another when hearing the narrator/researcher's story. Act 11: Realize the narrator's emotions when hearing narrative 1.	Biographical narratives	Reading 1.
		To narrate the experience of the lived body: the problems lived.		Act 12: Re-experimentation of the event lived to work and identification of emotions: the narrator is situated in the delimited event. Act 13: Identification and re-experimentation of events prior to or before the delimited event: to be situated in the previous event. Act 14: Descriptive identification of emotions when situated in the previous event. Act 15: Articulation of previous and delimited event in a temporal plot with meaning. Act 16: Transcript of the session by the *narrator*/researcher. Act 17: Reading of the transcription and identification of imbalance of the temporal synthesis between the self as another by the *narrator*/researcher.		Narrative 2.
		To re-construct (re-do) narratively the experience of the lived body that develops the problem.	5 (Iteration can bring together multiple encounters)	Act 18: Iteration: activities 12, 13, 14, 15, 16, and 17 are repeated in each session until all events defined by the narrator end. A meaningful story is built: temporal synthesis between oneself as another. Act 19: Transcription of final narrative 2 by the *narrator*/researcher in co-existence with the narrator: narrative 2 joins all the transcripts of the iteration sessions.		

Bioethical deliberative processes A methodology of intervention-narrative training of the lived body						
MO	Procedures	Purposes	Meetings	Activities	Instruments	Results
MIESIS III: final of the deliberation	Stage III: Resumption/ Refiguration	To deliberate: the other as an engine of transformation in narrative reading 2 (self versus the other).	6	Act 20: The narrator narrates the other narrative 2 that configures the life story that speaks for him: the face of the other, questions the self historicity for its refiguration. Act 21: Deliberation describes the observations of narrative agents of the life story that they hear: each narrative agent complements from his perspective the story of the other.	Group of Deliberation and Biographical narratives.	Reading 2.
		To re-construct (re-write) the experience narratively of the lived body that develops the problem.	7	Act 22: Transcription by the *narrator*/researcher of observations that the readers made of the life story that was staged. Act 23: From the observations, construction of narrative 3 by the narrator/researcher in co-experience with the narrator.	Biographical narratives.	Narrative 3.
		To understand the experience of the lived body.		Act 24: Resumption/refiguration of what has been experienced in the deliberative process. The narrator in co-existence with the *narrator*/researcher organize the narratives from the deliberative process (story 1, 2 and 3) to elaborate narrative 4 that evidences the understanding of entire historicity of the narrator/physician, and that answers to the main question: What do I realize about the whole process of deliberation in the face of the problem? Act 25: Report of the outcome of the deliberation of life stories of narrators and narrative analysis of the *narrator*/researcher.	Biographical narratives.	Narrative 4.

The three moments that intervention-training methodology must have to provide structure to the deliberative processes in bioethics as comprehension-training processes are as follows (see Figure 1 and Figure 2).

Figure 2 Ontological Epistemological and Methodological Referents



The first moment or mimesis I is related to the beginning of the deliberation; it has to do with the sedimentary or prefigurative characteristics of identity. The second moment or mimesis II is related to the development of deliberation; it has to do with constitutive or configurative characteristics of identity. And the third moment or mimesis III is related to the end of the deliberation; it has to do with the characteristics that make the resumption, the updating or the identity and tradition refiguration possible. Merleau-Ponty in mimesis II offers the process of re-experimentation of the experience of the narrative agent, allowing the past to be brought into the present – the past is re-made in the present with future possibilities. This is achieved from the description resulting from re-living events and emotions from the past, providing a way to collect what has been lived and to turn it toward new ways of articulating a temporal plot with meaning.

Mimesis is developed through two types of deliberations (see figure 2): vertical and horizontal. Vertical deliberation, in the characterization of the narrative agent, is carried out in the three moments mentioned, which allow gathering information on three types of historicities that show three different types of understandings. Mimesis I allows the construction of a historicity on the given aspects of identity that are not yet understood, that is to say, the problem. Mimesis II allows the construction of a historicity that develops the problem, in order to advance from the sedimentary or what is known of the problem in Mimesis I, toward the construction of new plots or ways of seeing the problem, leading to new meanings. And mimesis III allows the construction of a historicity for the re-signification of what is understood in mimesis II, as a consequence of placing the narrative agent on stage in front of another – the other could provide a different understanding, allowing the traditional ways of seeing the world to be updated. In addition, horizontal deliberation collects the three understandings or historicities of vertical deliberation, to show the changes of the narrative agent in his or her understanding of what is experienced.

Validation

The investigation conforms to international regulations in relation to the treaties to which Colombia is a signatory. Additionally, the research complies with resolution 8430/1993, law 1164/2007 and the Deontological and Bioethical Manual of the Psychologist (seventh version). According to Resolution 8430 of 1993, this research work is a risk-free investigation, thanks to the fact that the

collected narratives do not seek to modify the sensitive aspects of the behavior. The researcher is exempted from informed consent.

In biographical-narrative research, mimesis presents a difference with respect to the instruments of quantitative research, specifically in the term of reliability. Reliability is presented as the stability of an instrument in successive measurements and under the same conditions, which yields stable and consistent values in the repeatability of the test. On the one hand, mimesis as an instrument is separated from the concept of reliability of quantitative research, due to the refigurative nature of the narrative of the lived body. In this sense, each time the same theme or event is addressed, the narrator achieves a different understanding. To return to the same narrative is to refigure it; that is to say, each time a lived experience is collected narratively, the same understanding is never reached, as progress is made in new ways of seeing the life and the world.

On the other hand, the validity of the instrument, in relation to the fact that the result of the measurement evidences what it is intended to measure – the performative character of the narrative (of the lived body) in mimesis – leads every narrative to produce the effects that it enunciates (Ricoeur, 1990, 1996). In other words, what is narrated is presented as a commitment to truthfulness.

Sample Design

The research population consists of medical graduates with lived experiences as observers of bullying in the formative stage, and who currently reside in one of the localities of the city of Bogotá. The sample is not clearly known, since bullying is a frequent but not very visible phenomenon; therefore, a convenient selection was required.

The research focused on Physicians who were not studying, but were working. To promote the project, social networks (Facebook and WhatsApp) were used. The following selection criteria was established (sample design): Physicians over 25 years of age who were working and were not undertaking studies, without distinction to sex, race or beliefs, and those ones who have observed bullying during their training stage.

The unit of analysis of the research is the lived body. The resident who is an observer of bullying is one who can account for the lived body narratively and become the unit of work or observation. The discussion of the results will be directed through this type of agent.

Design of Instruments for Biographical-narrative Research

Biograms, life trajectories, life stories and biographical interviews designed for the development of mimesis as research instruments allowed for the collection and identification of the narratives of the lived body, without seeking to identify or treat sensitive behavioral aspects. These instruments adhere to the regulations regarding confidentiality: narratives provide information with possible value judgments, which could violate the dignity of the narrator, third parties and institutions. Those who had access to the complete investigation with its narratives were the investigator, the director of the investigation and the evaluating juries. In the presentation of results, all the narratives were filtered in order to limit the identification of the narrator, third parties and institutions involved in the narration and maintain confidentiality.

Alternatively, biographical-narrative research enables the encounter between narrator/Physician and narrator/researcher in a co-existence in which narrators/Physicians tell and remake their stories in a construction facilitated by the narrator/researcher. The narrator/Physician does not construct a story to please an investigation, on the contrary, the investigation arises when the narrator/Physician is about to tell the story to the narrator/investigator. The narrator/researcher does not intentionally direct what is narrated, since the reason for its existence is materialized in the empathic accompaniment supported by the body scheme or schematism of the narrative function – it is intended that the narrator/Physician in the co-construction of the story, in company of the narrator/researcher, connects the significance that the lived experience did not have.

The collected narratives are the result of mimesis I, mimesis II and mimesis III. Mimesis arises as a biographical instrument that allows for the gathering of information on what has been experienced (characterization of the narrator/physician) while constructing meaning (formation).

The narrator/researcher, as companion and co-constructor of the biography of the narrator/physician, takes the stories, transcribes them, and together with the narrator/physician, re-makes and re-writes them, to bring to light the meaning of what has been lived: where there was silence, sense emerges. The researcher organizes these stories/narratives to notice the understanding and formation process carried out by the narrator/physician. In addition, the narrator/researcher takes these stories/narratives as the basis for the elaboration of the narrative analysis in the sense of Polkinghorne (1995), Bruner (1991, 2003, 2006), Bolívar and Domínguez (2001), Bolívar (2002, 2012), as well as Bolívar and Domingo (2006). The narrative analysis aims to establish an articulation of the events collected by the narrator, in a temporal plot that provides

meaning to the lived experience, which, in this case, is bullying experienced by Physicians.

Results

The development of the activities of the intervention-training methodology (deliberation process, Figure 2) resulted in four narratives for each physician, which were subject to narrative analysis.

It is intended to show, from the epistemological foundation and under the concepts of temporality, historicity, schematism, identity and tradition, the structuring of deliberative processes in bioethics as processes of understanding and training. From the epistemological foundation, the ontological and methodological approaches that enable the understanding and training of the agent are derived (or deduced) (see Figure 1). In this analysis, these concepts emerge as *categories of narrative analysis*, which provides the delimitation, conceptualization and study of the categories of the research work: narrative, lived body and bioethics. Therefore, the presentation of results organizes the information from the *categories of narrative analysis*, in order to address the discussion of results. The results of deliberation are displayed both vertically and horizontally. To expose this process, the narratives of physician 2 are presented below.

Vertical Deliberation

The deliberation process begins with sedimentation/prefiguration or mimesis I, starting with the questions, what happened? And how did it happen? in relation to the experiences of observing bullying. The narrators/Physicians evoke from their past lived events of pain/suffering that had not previously been narrated.

Narrative 1 (N1), as a result of mimesis I, exposes the problem in temporality as a testimony of what has been lived:

> **N1:** *"I still have dreams1*, I go back again and I think I have the option of going back, sometimes I come back in the third year, other times I come back in the second year, and others in the first year. [...]. *I spent almost three years with*

1. The italics that highlight fragments of the narrations are this article's author.

> *nightmares*, I dreamed of the magazine, I woke up sweating at night, or I got up at three in the morning and cried all night. *It is a frustration that I will have all my life"* (personal communication, physician N° 2, June 1, 2018).

In this narrative, identity hatches a historicity in the break with the other in the world of life, the anguish that this experience implied in N1 is noticed, an experience not understood that had remained in silence. It denotes the stagnation of the physician in time, when returning to the same event night after night ("*I still have dreams*"), which does not offer possibilities in the future ("*it is a frustration that I will have all my life*"). The narrator/physician begins to open up narratively, providing information in the construction of a problem that speaks of uninhabitability in the world of life with others.

The constitution/configuration of the lived experience follows, the result of mimesis II or development of deliberation. This moment seeks to revive narrative 1 (N1) to build narrative 2 (N2). The narrator/physician begins to elaborate his lived bullying experience, which starts from the misunderstanding that suffering provides (N1), toward a new way of seeing his experience, beyond this suffering (N2).

Narrative 2 (N2) develops temporality as a re-experimentation of the lived experience:

> **N2:** "Faced with my partner's situation, when I place myself and relive it, it makes me a little *anguished to see him suffer*, to see that he is having a hard time. *I feel anguish and compassion. [...] It is to realize how everything that happens, what I see in the environment, is about me*, what happens to me in life, has a purpose, and *I can only realize the* interpretation based on my judgments, on my beliefs, it is my interpretation, I am the creator of that reality. One becomes more of an observer than a judge of what is happening" (Personal communication, physician N° 2, July 6, 2018).

Identity no longer projects the problematic onto the other, it articulates a historicity in which one's own way of seeing things leads to suffering. An identity that understands itself is woven from the re-experiencing of what has been lived with the other.

Understanding continues its process in the resumption/refiguration in mimesis III. At this moment it is important to raise the voice in the temporality that allows the narrator/physician to situate himself before the face of the other, to establish with him a shared historicity or tradition, the result, narrative 3 (N3).

Narrative 3 (N3), end of the deliberation, exposes temporality as a possibility of the lived experience with the other:

> **N3:** "What I think is that we are in such a poor ego system! with such poor thinking! We think we have the knowledge and the truth of things, but, in the end, we don't understand anything. *From the moment one enters the university one is involved in a weak ego that resolves itself by being arrogant with others. Hopefully the healthcare system will change or the model of healthcare thinking will change"* (Personal communication, physician N° 2, August 3, 2018).

Identity weaves a historicity in relation to the other, in which the origin of the problematic can be seen. Identity opens up new possibilities in the relationship with the other, bringing forth tradition.

Horizontal Deliberation

In addition to the vertical deliberation of characterization, the deliberative processes have a formative structure. Each physician, by observing the different narratives elaborated (N1, N2 and N3) and by listening to the other, was able to notice his or her formative process, an identity open to new meanings. The result, narrative 4, resumes identity and tradition by integrating into the story what the other has to say, completing one's own understanding of it:

> **N4:** The most valuable part of the work was realizing that before I used to say: this is the saddest thing, that I don't want to talk about it anymore and leave it buried. Reopening the box of memories and seeing it in a different way, to be able to look at it again and say, what a victim! A cycle that was repeating itself in my life, but I didn't realize it. To take out that old box again and reopen it and look at the story again from the moment I left that on pause, and *to have recognized myself as a victim through the other, like all that role I was playing and to see it from another perspective, to see it from the other*, for me was very valuable" (Personal communication, physician N° 2, September 7, 2018).

In this narrative, the silenced story is staged *("reopening the box of memories")*, the story is re-experienced *("it makes me a little anguished to see him suffer")*, allows the story of the other to speak about us *("to have recognized myself as a victim through the other")* and guides in the habitability with the other of the world of life ("that role I was playing and to see it from another perspective, to see it from the other, for me was very valuable").

Discussion

The methodology of intervention-narrative formation of the lived body, aims to collect information in the characterization of the agent in the process of investigative intervention on the past or given experiences, as well as reflect/analyze this information toward understanding the lived experience, without reducing this understanding to the fulfillment of a norm.

Understanding lived events such as those presented in the results, is about knowing what happened before ("*I spent almost three years with nightmares*") and also about the training provided by the narrative itself in articulating new forms of what has been lived, and which can be staged before others ("*to have recognized myself as a victim through the other*"). This is how understanding, methodologically speaking, separates from the technical character, toward a schematism of an ontological character. Being is constitutive as existing in the narrative and corporeal relationship with other existents in the world of life. This leads to the fact that, narrating the lived body, provides the schematism (of the narrative function in Ricoeur and corporeal in Merleau-Ponty) to develop or unfold the understanding of the lived. Deliberation is configured as an ontological and methodological scenario in which this understanding can take place.

By structuring deliberation on the basis of schematism, the synthesis of time is presented that links the lived, the living and the possible from a life of biological structure to a life endowed with meaning: emotions emerge not as organic responses, but as a manifestation of the livability of the world of life ("*It is a frustration that I will have all my life*"). Life is no longer a datum linked to rule-determined decision making, but as emotions come into play in lived experiences, they contribute to the processes of meaning ("*It is to realize how everything that happens, what I see in the environment, is about me*").

In the deliberative processes, both Hans-Georg Gadamer and Diego García seem to intend to eradicate any emotional expression, because of its vitiated role in the process of understanding and decision. However, in eliciting the narratives, in the three moments of the deliberative process (MI, MII and MIII) the narrator/physician permanently linked the understanding with emotions, whether lived ("*I cried all night*") living ("*I feel anguish...*") or possible ("*Hopefully the healthcare system will change*"). To provide the narrative of the lived body with schematism is to enable the linking of emotions in the expression of existence. This leads to deliberative processes in bioethics being processes that transgress organic life toward life endowed with meaning in relationship with others ("*it makes me a little anguished to see him suffer*"). Each narrator/physician was able to move forward in the deliberative process thanks to the face of the other who

presented himself in empathic openness. Downplaying emotions leaves aside the amalgam that sustains the vital networks: the self as other.

Ricoeur (2006) analyzes the following statement: "stories are narrated and not lived; and life is lived and not narrated" (p.9, author's translation). There is a difference between a lived emotion and a narrated emotion. But this division is overcome when narrative and life are intertwined in saying: life is presented as it is lived in the story ("*to look at it again and say, what a victim! A cycle that was repeating itself in my life*"). If temporality is brought from a chronological dimension, the lived is not offered to present understanding. But in the temporality of which phenomenology speaks, specifically from Ricoeur and Merleau-Ponty, the lived continues to inhabit the present understanding ("*to look at the story again from the moment I left that on pause*"). This proposes a historicity endowed with schematism that makes identity and tradition possible. It is in this sense that the narrative of the lived body brings temporality, historicity, schematism, identity and tradition as a way of resuming/refiguring a life that had no meaning to live, in the case of the bullied victim ("*I cried all night*") toward a life with meaning ("*that role I was playing and to see it from another perspective, to see it from the other, for me was very valuable*").

We do not seek to decide whether a situation is good-bad, right-wrong, moral-immoral ("*One becomes more of an observer than a judge of what is happening*"), nor do we seek to argue and interpret principles to facilitate decision-making, but rather to understand the problems in deliberation as an expression of life, an expression in which new ways can be found to articulate the given, the permanent, and the rigid of a life that is not inhabited and understood, toward the possibility of inhabiting the world with other living people as a result of shared understanding (Ricoeur, 1996; Merleau-Ponty, 2013).

As for the formation of the narrator/physician, this was not limited by the chronological dimension of time, but by the narrative of the lived body articulating the temporality required in comprehension, which is different for each narrator/physician. This process cannot be determined by chronological time, since the existence of each narrator/physician in the deliberation takes place in different temporalities, or rather, understanding is achieved through the articulation of events in plots that are not the same for all participating physicians.

The fruit of the deliberation process of the narrators/physician was to resume/refigure an event that was not inhabited or understood, by positing in the present new possibilities for inhabiting that event with others in the lifeworld. The narrator/physician frames the event in a way in which bullying is not relevant, but as a lived experience that provides meaning, a life that is woven as a possibility to be lived ("*what happens to me in life, has a purpose*"):

"the unexamined life is not worthy of being lived" (Plato, Apology of Socrates 38a5-6, author's translation). This contribution of the narrative of the lived body to the deliberative processes in bioethics makes it possible to approach life in a temporality that goes beyond the data as an alternative to the principled approach, or those approaches that seek to respond to a problem in the face of dichotomous possibilities.

The narrative of the lived body provides deliberative processes in bioethics with the constitution of spaces that motivate to transgress the frontiers of insular knowledge, to open up to the knowledge that other disciplines have to share: the other nourishes one's own understanding ("*to have recognized myself … through the other*"). The communicative bridges that Potter (1971) stressed (bridging bioethics) could be cemented with the narrative of the lived body. These communicative bridges that invite to inter-, multi- and trans-disciplinarity allow the implementation of the methodology in multiple scenarios in which bioethics transits and that demand to consider life and existence from the shared understanding. It is emphasized that the subject integrated in corporeality is more than a mind (reason) or a body operating separately from the other.

Finally, values and morality, although they are the basis for decision making, could deny the life and existence of others when they are not shared, thus creating a dilemma in the bioethical exercise.

In hermeneutic phenomenology (Heidegger, 2003; Gadamer, 2005; Ricoeur, 2004) and of the body (Husserl, 1992; Heidegger, 2003; Marcel, 2003; Merleau-Ponty, 1993) the objective reality of norms and values in the sense of Jacob Rendtorft (2020) is overcome, moving toward a reality that emerges as a vital horizon: the encounter of different identities in a shared understanding provided by reflection (hermeneutic circle or phenomenological reflection). This is how the proposed intervention-training methodology could navigate in dilemmatic scenarios that impede decision making. It could be said that the dilemma arises when a discipline seeks to create an insular approach out of a problem, since the complexity of life is so broad that it would be impossible to answer multiple questions from a single discipline. Consequently, the dilemmas come from the insular disciplines that seek to provide bioethics with a single answer to the problems, and not from bioethics per se.

Bioethics in this phenomenological study does not establish itself as a discipline by taking the ontological characteristics of ethics proposed by Heidegger in "Letters on Humanism," Marcel, Merleau-Ponty and Ricoeur. It would not be appropriate to speak of bioethical dilemmas, since –from the ontological character of bioethics – it invites to access the world of life for its understanding in the reflection with others, a reflection that must be made from the different edges offered by knowledge. Since its inception, bioethics has intended

that the different disciplines open their frontiers of knowledge, to turn dilemmatic problems toward a shared understanding with others of the phenomenon under study (Potter, 1971, Freydell, 2020), which does not necessarily lead to a decision-making process.

Conclusions

The discussion of the results of the biographical-narrative research takes the concepts of temporality, historicity, schematism, identity and tradition resulting from the documentary research, and discusses them in the light of the implementation of the methodology of narrative intervention-formation of the lived body. The results showed that, despite permanently narrating what has been lived, when we are asked to narrate ourselves for others, structure is required to make sense of what has been lived. In this situation, the narrative of the lived body provides schematism, a way of organizing the information, those lived experiences that have been left in silence, in historicity, and in the history of the lived body.

The lived knowledge that guides knowledge by living in a temporal plot with meaning arises. This historicity allows access to life for its understanding and innovation in relation to others. Life is no longer a datum in the sense of a technique for decision making, but a living expression of the co-existence between identities in a tradition. This leads to the fact that the narrative of the lived body brings to bioethics a way of thinking about the place of residence of the human being as a way of living with others, beyond universal principles. In conclusion, the narrative of the lived body provides bioethics with an ontological character, not becoming something that is carried as an object or that rests in a document for decision making; on the contrary, bioethics is constitutive in being of the world: it emerges at the very moment in which one enters into a relationship with the other, a relationship that strives for co-habitability from the reflection in the world of life.

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