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A PHYSICIAN'S AUTO-HERMENEUTICS OF MEDICAL PRAXIS: CURATING MEANINGS AND VOICE THEMES USING DIALOGIC PRISM

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August 21, 2020

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HELEN SANTIAGO SIGUA AUGUST 21, 2020

ACCEPTANCE PAGE

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This dissertation titled "A PHYSICIAN'S AUTO-HERMENEUTICS OF MEDICAL PRAXIS CURATING MEANINGS AND VOICE THEMES USING DIALOGIC PRISM " is hereby accepted by the Faculty of Information and Communication Studies, U.P. Open University, in partial fulfillment of the requirements for the degree Doctor of Communication (DCOMM).

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You Are My Infinite Other, The Greatest Narrative Writer of my Praxis and Hermeneutic /Phenomenology through all Space and Time

I bow to You in awe and reverence.

Psalm 139:13-18

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ABSTRACT

This study is an auto hermeneutic phenomenological inquiry on the lived experience of medical praxis of 40 years of a family medicine specialist. It utilized the\ dialogical lens to extricate the essential meanings she finds most defined in the three main dialogical landscapes of clinical, educational, and societal (administrative/advocative) she has traversed. The dialogical vertical (spiritual) and horizontal (self, others both, in actual and virtual platforms) scaffoldings were elucidated through a structured methodology of collecting self narratives, integrating, and interpreting . The resulting prism , which may be universally applied to any professional praxis, consists of curated meaning typologies : of trust-building, nurturing, redeeming, stewarding, and inspiring . These typologies are illustrated by conversational snippets and were juxtaposed with pre-existing theories and models including most upheld Filipino cultural values. The congruence of her analyzed vertical and horizontal scaffoldings along these typologies was also a major explication of this work . Implications to professional praxis, life-long learning , and qualitative research were drawn. A reflection on the process of doing (auto)hermeneutic phenomenology as either/both personal and scholarly undertaking informs (and hopefully inspires) readers to do the same.

(Keywords: a*uto hermeneutic phenomenology, lived experience, medical praxis, dialogical , reflective, meaning-making*)

CHAPTER ONE

INTRODUCTION

BACKGROUND OF THE STUDY

The lived experience of medical praxis may be as unique and complex to different doctors. Grabbing this golden opportunity to finally have a panoramic view of mine in this doctoral study , I acquired a tremendous amount of knowledge and understanding of self and beyond it. My initial proposal presented to my panel of mentors prior to the advent of this pandemic was to have various doctor participants. Limited by the protocol of social distancing in this pandemic, and the worry that I might not have enough grounds for a good outcome , I mustered the courage to do an auto hermeneutic inquiry .

Hermeneutics is a form of phenomenological research that seeks to describe rather than explain, and to start from a perspective free from hypotheses or preconceptions . It focuses on the study of an individual's lived experiences within the world. It is a study of how a certain phenomenon impacts an individual. It is actually widely used in business research as it studies events and occurrences as well as In policy and public administration to evaluate programmes and policies . It uses observations, art, documents to construct a universal meaning of the experience . The richness of the

data obtained opens up opportunities for further inquiry. However, hermeneutic phenomenology concerning the self is quite a rarity, under taught, and not rigidly set or prescribed. Hence, students and researchers struggle to apply it while analyzing data.

Thus, in this study, I have strived to apply the central tenets using a bit more elaborated structure to ensure rigor while maintaining trustworthiness . This is an honest attempt to uncover the paradigm of my professional experience and learning learning journey. I have used the term “learning journey” to refer to the participant/s’ learning experiences and the events, people, and situations that impacted my lived experience of medical praxis, This becomes more difficult when applied to self because of issues of reflexivity. Nevertheless, it proved to be a very illuminating path to explore and gain navigation skills on. So let me use my own story to jumpstart the long but interesting voyage.

NARRATIVE OF MY LIVED EXPERIENCE OF PRAXIS

Quite way much easier than becoming a nun, which was my first dream as a little child, I remembered in the barrio, life was simple. When at a very young age, I brushed with illness, pain and death in the family, or when I myself would be brought to the doctor for traumatic injuries incurred from play, this ambition shifted to being a doctor. It was a big question how my parents, both struggling teachers, could afford sending me to medical school, but they did. Such as in high school, I was asked to make a term paper about career leanings. I wrote about 3: doctor, teacher, and social

worker. I found myself after some 20 years, hence, just being all those in one package. This event now apparently was a form of foreboding for how my journey has rolled out across the 40 years.

Taking up Family & Community Medicine in UP-PGH gave me enough handle to do general medicine, much to my fulfillment rather than regret, practicing womb-to-tomb , for both from the mountains to my own community clinic , from mental health counseling to delivering babies and doing surgeries both in my office and a tertiary hospital , from catering to urban poor to most elite , from Filipinos to foreigners, from haggling to teach in 7 medical academes all over the country from instructorship to deanship , from grassroots to the elite in a concierge clinic, from face-to-face telemedicine, from serving the highest agency in health of the country to NGO, from one doctor to another doctor degree, from local to overseas, –name it, I have experienced the entire spectrum of it all. Meanwhile, I was a mother of 3 and a wife to an equally busy engineer-professor . What a repertoire of experiential learning I never quite intended nor planned. Of lessons , both easy and daunting. But of rich challenges I would not trade for anything else.

When early in the start of the twentieth century there was a bandwagon of doctors becoming nurses, I felt compelled to write an essay entitled , “Being a doctor for the right reasons' that landed in the editorial page of 4 local newspapers. That was at a season of my career haggling as a pioneering faculty teaching on a full time basis , simultaneously administrating as assistant dean for students in a new medical school, and keeping my own community-based practice rolling. I reached a point when what I

earned was just enough to pay for the salaries and operating expenses. It seemed the over-head was always going over my head, literally . On the one hand, I couldn't give up my teaching just to be able to stay in my practice. But that was a pivotal point , coming to terms with the deep heart tag . It was one courageous moment to speak out on behalf of all concerned. When there was a book that got published derogatory of doctors because it was advising how advantageous the profession is which is very unethical, I blogged about it and defended the medical profession. I also had this website entitled Heart of Medicine. God's Touch was the name of my humble one-stop lying in the clinic, which I mean to impart the message, aside from practicing the healing craft, that God's touch makes the difference. I learned everything as ER front-liner in the most toxic national hospital as a family medicine resident and so I did and provided every gamut of intervention true to a primary health care hub, plus knowing hands-on laboratory, x-ray , ECG, and ultrasound.

As both practitioner and academician, mother of young growing children, I would do distance education . Whenever invited I would allot time to do medical missions in far-flung areas both local and abroad, Thus medical praxis grew and grew larger . When friends would ask me, "What's the secret for all that passion ?" Honestly, I really couldn't figure it out myself. It was too abstract to tease out then. With this work, partly in a big way, the answer came. In literature we find that when doctors are asked what meanings they attribute to their practice, they spoke of " miracles, mistakes, sharing their own lives and their patients' lives, witnessing profound experiences, and receiving acknowledgement for a job well done from their patients and their families." In other

words, meanings attributed to our practice are not mainly about themselves . It is not about us being hero-worshiped, exercising power and authority , drowning in prestige , or living affluently. Rather there is the element of humanity, vulnerability , and relationality that beg to be heard . Something that , even before we even reach out to and ask our patients to be finding meaning in their own illnesses and suffering, we have to come to terms with first of our own.

MEANING -MAKING OF PROFESSIONAL PRAXIS

Reflective practice has been rather superficial and collective, bereft of more personal and longitudinal grasp and analysis in all professional practice, especially in the medical field. Also, there is no particular lens being used to interrogate praxis. Only models and approaches , which are collectively conducted by and with people who hardly know us nor anything about the lifeworld of medicine.

The incidence of burn-out and suicide among doctors and medical students /trainees and becoming an epidemic (Kalmoe et al, 2019). Being a doctor is a high-touch profession (Janisse , 2018). Thus, aside from meaning-making being very vital first for ourselves in shaping not only our everyday psyche , our aspirations, trajectories, self identity and social positioning. and all, meaning-making is something that is contagious. These personal meanings we don't give to patients, our students, our stakeholders, but something we can assist them create for their own. Illness , from my own experience, can be a reason to lose all meaning, and how losing

meaning may mean losing all. And just like we co-create knowledge and meaning, medical praxis is largely about co-creating healing, first and foremost , of ourselves.

Thus , this work aims to contribute to filling this knowledge gap on meaning-making /sensemaking of physicians of medical praxis in the diverse arenas of expectations the society has of them . In this hermeneutics of the self, I attempted to tease out my own strands and threads of meanings that weave the complex, toxifying life of my being a doctor . These are precisely acts of curating (constructing , deconstructing and reconstructing) meanings for fresh layers or simply discovering and rediscovering what has been there all along that have evaded my consciousness. Hermeneutics is best for unpacking taken-for-granted yet most essential elements,

THE LIVED EXPERIENCE OF A PROFESSIONAL PRAXIS AS UNIT OF ANALYSIS

Experience, as a construct, is defined as the lived, first-hand acquaintance with, and account of, the entire span of our minds and actions, with the emphasis not on the context of the action but on the immediate and embodied, and thus inextricably personal, nature of the content of the action. Experience is always that which a singular subject is subjected to at any given time and place, that to which s/he has access 'in the first person." Individual experience is seen as unfolding within the context of social and material interactions in which a subject is engaged and under the conditions defined by the subject's physical state at a given moment in time. Reality is a lived world – an

experienced world – that invariably presents itself to the subject from a particular perspective. The subject-object distinction may also be viewed from the perspective of subject experience. It is a relational perspective for which a living being's experience of the world refers in reality to the appearance of things in the eyes of that being – a phenomenon in the etymological sense of the term, an appearance, i.e. what defines the living being as a being.

When a phenomenon presents itself to a subject, that subject's experience is a holistic experience. In other words, an experience is a combination of different elements that cannot be easily separated. distinguishes between different layers of lived experience, i.e. the fact that every lived experience contains or implies cognitive, emotional, motor, motivational, identity and spiritual dimensions (among other dimensions). These distinctions remind us of the four "experiential threads" defined and : the sensual thread (sensory engagement with a situation), the emotional thread (meaning given to an object or person on account of our values, objectives and desires), the composition thread (relations between the parts and the whole of an experience).

HERMENEUTIC PHENOMENOLOGY ON INTERROGATING PROFESSIONAL PRAXIS

As earlier stressed, equally important to me in delving into this kind of study is validating the rigor of qualitative phenomenological research. The rationale is for myself and others , to discover the beauty of the process , its usefulness of a scholarly

scrutiny directed to self, where self is the source of data . (Walsh & Mann, 2015) says reflective practice must be no less an endeavor which demands evidence and empirical data. Where common humanity runs in each of us, that is precisely the data. The readers finding and appreciating universal strands for our own respective lives that resonate deeply is such a bountiful undertaking .

The nature of hermeneutic phenomenology is to interpret human experience, whether through text, actions, stories or other forms of expressions. The word hermeneutics was derived from the Greek god Hermes, who was tasked with exchanging messages between the gods and humans . It was seen as the art of interpretation which applies to all forms of human understanding . The hermeneutic theory of experience is explained along with the notion of understanding, emphasizing the way in which experience and understanding are always connected, and how practical knowledge is acquired by direct evidence from those who have had an experience, unique or otherwise. That is, they are interconnected insofar as they require active participation, and in this context, experience takes on both a cognitive and tangible meaning, which is neither simply epistemological nor intellectual, but rather pragmatic. Empirical knowledge gained from professional practice is basically that which everyone accumulates as they become the person they studied to be. Not only in the professional domain but also in everyone's private and personal life, the experience that people develop from an encounter with themselves and other human beings continually grows and evolves, as we become experienced . Within the "hermeneutic experience" the reading and interpretation of data is the merging of both philosophy

and science , which completes the study of human beings. That makes it rather even more difficult to do than purely quantitative or conventional qualitative inquiries.

The searching for an essential meaning of a life world in a phenomenological hermeneutic/hermeneutic phenomenological method starts with concrete reflection (telling and retelling) , in the attempt at putting into words (textualizing) what has been experienced. Understanding is different from knowledge. Riceour explained what concrete reflection may be in the interpretation of texts. He emphasized that we always both understand and explain, and wrote about a dialectic of experience and theoretical explanation, of being close and being distant. In this way, he presented the hermeneutic circle in three generic steps: First, we are getting familiar with a text. On the basis of our preunderstanding, we get an immediate view of what the text is about. This he called a first, a naive reading of the text and this first view must be validated. In the second step, the texts are examined more closely and find out how its parts are related to the whole and form a structure of the text's nexus of meaning. Thirdly, we return to the whole of the text and formulate a comprehensive understanding that may take into account many theoretical perspectives. Such understanding is called critical or comprehensive understanding.

Phenomenological hermeneutics is an argumentative discipline and lies between art and science . We use our artistic talents to formulate the naive understanding, our scientific talents to perform the structural analysis and our critical talents to arrive at a comprehensive understanding.

Thus there is a gap both in knowledge and understanding of all professional praxis in general , or of all phenomena in general. Understanding something necessitates being contextual. Even in health, the trend now is to understand the socio-ecological model – realizing that every reality is socially constructed, meaning interpretation, meaning making are as important constructs to inquire on. In this time of global and economic upheavals and pressures, the reframing shift of lens to human experience and interpretation is paramount in processing and transforming data and information. There is a need to shift the lens from the praxis to the agents or the actors. We may well be needing an alternative inner way to navigate professional praxis in search for shared experience and therefore meaning, to bear in an interpretive project of mutual concern which entails developing reciprocal openness in relation to true intentions, motives, and needs. This is not embracing subjectivity but embracing our humanity as both objective and subjective and let ourselves find connection and wholeness in doing so.

As social structures and landscapes keep on shifting under the pressures of change , how will an auto hermeneutic understanding of medical praxis make its contribution? Will it hold on to its old codes or begin to dialogue? Negotiating the path might not be easy, but it is central to the hermeneutic tradition, seeking Gadamer's fusion of horizons, beyond suspicion, into conversation. This study is a double-hermeneutic in that it is not merely a fusion of many theories, but of disciplines and schools of interpretation and even epistemics , towards supporting and reframing old ideas, meanings , values, and voices , through new lenses.

As Van Manen notes, "*To do hermeneutic phenomenology is to attempt to accomplish the impossible: To construct a full interpretive description of some aspect of the lifeworld, and yet to remain aware that lived life is always more complex than any explication of meaning can reveal" ,* most especially when done with doctors . *(*Bohanon (2020) .

RATIONALE FOR THE CHOICE OF THE RESEARCH PARADIGM

Initially , I was drawn to doing an autoethnography, the closest sibling of auto hermeneutics, which has gained greater ground in the area of communication research. Since my goal in this research was to focus on deeper layers than sensory or cognitive notions of my lived experience of praxis, my assumption was this goal fits with the philosophy, strategies, and intentions of hermeneutic method of interpretive paradigm. The interpretive research paradigm is based on the epistemology of idealism (in idealism, knowledge is viewed as a social construction) and encompasses a number of research approaches, which have a central goal of seeking to interpret the social world . Epistemology is defined as "the philosophy and theory of knowledge, which seeks to define it, distinguish its principal varieties, identify its sources, and establish its limits' . Focused on interpretive understanding (or *Verstehen*), to assess the meanings of participants' experiences as opposed to explaining or predicting their behavior, which is the goal of empirico-analytical paradigm (or quantitative) research. According to the interpretive paradigm, meanings are constructed by human beings in unique ways,

depending on their context and personal frames of reference as they engage with the world they are interpreting . This is the notion of multiple constructed realities . In this type of research, findings emerge from the interactions between the researcher and the participant/s, which for auto hermeneutic case study such a this is one and the same.as the research progresses . Therefore, subjectivity is valued; there is acknowledgement that humans are incapable of total objectivity because they are situated in a reality constructed by subjective experiences. Further, the research is value-bound by the nature of the questions being asked, the values held by the researcher, and the ways findings are generated and interpreted.

In hermeneutics , assumptions and perspectives are accepted. Medical praxis and communication are cognitive and interactive processes that are frequently tacit and subconscious and occur in context. These phenomena cannot maintain their essential and embedded features if reduced or measured as in quantitative research. Bare complex phenomena involving multiple strategies, purposes, and interpretations; there are no perfect approaches to reasoning or communication. In addition, both processes are contextually bound (i.e., in terms of persons involved, the social and health situation, the actual setting); what is useful, relevant, and meaningful depends on the situation. Attempting to isolate or measure a phenomenon in professional praxis is as specific ignores the complexity, reality, and consequences of certain activities in practice. In addition, learning journeys in the clinical work environment are situated and implicit . The interpretive paradigm was viewed as the most suitable for this research because of its potential to generate new understandings of complex

multidimensional human phenomena, such as data gathered in this inquiry. Specifically, practical knowledge was sought, which is embedded in the world of meanings and of human interactions. The nature of this research paradigm is discussed more in-depth in the succeeding chapters.

STATEMENT OF THE PROBLEM

How have I lived and experienced my medical praxis?

Therefore, addressing the gaps I earlier identified , this is how I problematize my research intentions.

OBJECTIVES

General :

Reflect on and examine my lived experience of medical praxis in all its facets and dimensions.

Specific :

(1) Self-narrate my lived experience in relation to medical praxis

(2) Curate meanings elucidated from the narratives of lived experience of medical praxis

(3) Describe the impact of the curated meanings to my self-understanding of my lived experience and expound on possible universal underpinnings it may lead me to

(4) Reflect on the hermeneutic/auto hermeneutic research as a way of inquiry on professional praxis

SIGNIFICANCE OF THE STUDY

As a communication scholar in this work, my intention is two-fold. One is to be able to contribute to the rigor in qualitative inquiries, specifically the rigor involved in doing a phenomenological work true to its basic tenets , explore the structural methods, and how it is as a complementary form of inquiry that completes or adds to the examination of whole truths or realities. That said, it is not intended as a commentary on a specific physician; rather, an enduring incentive for retention of this material over such a length time with the hope that its later examination as a collection might contribute to an understanding of how reflective inquiry can be done not only to medical praxis but any professional praxis, or any phenomenon for that matter.

Two, I intend to contribute to developing meaning construction, or sensemaking, which has taken credence in recent years in communication research . Only those with meanings deserve a future and only those with timeless meanings can survive and adapt to changing landscapes and challenges. Few research touches on meanings because its value , beauty and essence is very difficult to capture using quantitative

methods. The results and implications of /suggestions of the findings in this research can be deemed contributory to many relevant issues , such as:

- Explore meaning-making for doctors who are both in the frontline and backline, are at all points of health spectrum and continuum from prevention, cure, and rehabilitation, and the opportunity to recognize and reconnect with what is most meaningful about praxis, in both individual and public encounter, may be re-moralizing (Horowitz et al , 2003).
- Inspire values and therefore ethics in professional praxis, dealing here with factors causing loss of meaning among doctors caused by both rapid insidious as well as persistent sociocultural structures and processes that leave them feeling overwhelmed and dis-equilibrated
- Help fellow doctors and non-doctors resonate with humanistic realities of medical praxis as lived on the ground, in the context of communities and culture .
- Contribute to the emphasis on the value of reflection (hermeneutics of self) individual or collective for meaning construction (Ferrer, 2003)
- Influence pedagogy on dialogical aspects of medicine or any health discipline as a profession, as a new language to put emphasis on way on social determinants of health, whole-person health , self resilience (Matthew et al, 2017)
- Ground one, doctors and non-doctors, on the true essence of dialogue in professional praxis in the threat of changing landscape

- Help restore the nobility of the medical profession and re-shape the trajectory of doctor-shaming , which is becoming rampant in social media. link it to ethics and spirituality in a way

SCOPE AND LIMITATION OF THE STUDY

Offhand, this study does not attempt to make generalizations. The degree of reflexivity definitely has limits in this kind of study and the author was well aware from start to finish . This kind of research does not delve into causation of behavior or thinness . It may be considered a combined cross-sectional and longitudinal study being a reflection of something that has occurred over a span of time, and therefore recall bias might influence the content and extent of reflection. It was also well born in mind that the constructivist approach included the possibilities of multiple realities depending on context used even in the methodology. While this is a first-person-point-of-view the construct here is not the self, but the perspective of the experience of the phenomenon, which is the professional praxis. The concern was not much of sampling but of depth of analysis of a singular participant. Even as self is the source of data and not the construct, it is not the goal of this study to critique the self nor the perspective.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

My review of literature will center specifically on previous studies on hermeneutic studies related to medical praxis per se and things related to it, and also past auto hermeneutics. First I would like to discuss a brief history of the hermeneutic research paradigm and how through the years it has evolved and found its place as a recognized scientific method of social sciences at par and integrated and complemented with the highest level and form of quantitative research.

I present in Table 1 a tabulation of sample hermeneutic phenomenological studies done on health , medical professional, and other professional practice, which have inspired me to do this study and be innovative in designing mine in my own way benchmarking on the diversified methods encountered , but showing similar patterns and principles,

Table 1. Comparison of Interpretive Phenomenological Research and Generic Qualitative Research.

Research Process	Generic Qualitative Study	Interpretive Phenomenological Study
Disciplinary roots	• None in particular • Loosely inspired "from other qualitative traditions"	• Interpretive phenomenology—philosophy
Research paradigm	• Constructivist	• Constructivist • Unique understanding of *being*
Researcher's stance	• Reflexive • Naturalistic	• Reflexive—of one's *horizons of significance* and *being-in-the-world* • Embodiment epistemology
Objective and research question	• Oriented toward action—practice and policy	• Oriented toward understanding/uncovering lived experience of individuals in constant *being-with-others*
Sampling and recruitment	• Purposeful sampling—especially maximum variation • Average of 20 participants • Target information-rich cases	• Purposeful sampling—especially maximum variation • Average of 10 participants • Target phenomenon-rich participants
Data collection	• Mainly interviews/focus groups • Can have focused observations and document review • Aims to describe who, what, and where	• Primary source = interviews • Complemented by other *authentic* modes of data collection such as participant observation and art-based methods • Aims to uncover/disclose
Data analysis	• Often content and thematic analysis • Low inference—descriptive (data-near)	• Hermeneutic analysis (hermeneutic circle with back-and-forth movement from part to the whole) • Interpretive
References	Polit and Beck (2009, 2012, p. 505) and Sandelowski (2000, 2010)	See references for each section

Table 1. Interpretive Phenomenology versus Generic Qualitative Research.

First , allow me to clarify the difference of hermeneutic phenomenology from generic qualitative study from the above table. Hermeneutics is about embodied experience, which tells us to consider something more than reason in constructing meaning frameworks, not rejecting rationality thereof , but placing it in a wider deeper latitude. Hermeneutics offers a window to view the medical praxis through a more human-centered lens than many other materialist or critical approaches, reminding us

all that medicine and health are still carried out by and between human beings trying to create and disseminate/share meaning from materials at our disposal, including our very selves.

In this hermeneutic study , I locate or situate my lived experience of medical praxis in the relationship strands of dialogue theory of Buber , which are rather underexplored, but which is richer with these classic theorists. The inner dynamics of professional praxis, especially those relating to sensemaking, has often been relegated to religion or mysticism or virtue-based ethics Yet certainly we know that social even spiritual experience is a reality that affects the way we feel and therefore the way we behave . Additionally, the assumption of this study in line with hermeneutic advocacy of ethics is hinged in two things: (1) right of one to state a case in the court of public opinion (2) predicate on rhetorical education , drawing on virtue-based ethics addresses the character of the communication and asks them to reflect on their own motives and behaviors.

Sometimes called the philosophy of interpretation , hermeneutics , has been developed in the past few decades primarily by Riceour (1981) and Gadamer (1989), building on earlier works by Heidegger and others. Hermeneutics is centrally involved with understanding in all its various forms. Bleicher (1980) summarizes the development of traditional hermeneutic theory as: (a) technological understanding of language, vocabulary, grammar, etc.; (b) exegesis of sacred texts, such as biblical study; and (c) to

guide jurisdiction. These approaches focus on methodological aspects of interpretation, but hermeneutic philosophy, as proposed by Heidegger.

Ontological and Epistemological Roots of Hermeneutics

The purpose of studying the life world or lived experience is to review these experiences taken for granted and to reveal new or neglected meanings. Phenomenal reduction. The basic steps include identifying the object Reduction. Determining the intrinsic features and Describing the intrinsic features and objects are bound together in Being, or *Dasein*. The goal of hermeneutic investigation is understanding through interpretation, in which the subjective limitations and frameworks – historical and linguistic – are part of the process. It does not aim for scientific replication of interpretation – Heidegger called it 'extra-scientific' knowledge.

Hermeneutics can be seen as either embracing or as an aspect of reflexivity; Steedman says 'it is no longer possible to separate knowledge from knower' in his critique of scientific method and the fallacy of objectivity and there are many overlaps in reflexivity and hermeneutics. In an interesting discussion of knowledge and power in professions, Söderqvist traces the influence of Nietzsche's 'skeptical attitude to the validity of rational thought through French poststructuralists, particularly Foucault , who considered the claim to objective knowledge to be a screen for ideological hegemony. describes the growth of hermeneutic scholarship as a reaction to 'enlightenment fundamentalism'; termed the latter 'a pathology of cognition that entails silence about

the speaker, about his/her interests and his /her desires and how these are socially situated and structurally maintained' .

There is a distinguishing feature between weak, strong and deep hermeneutics, ascribing the first to those (he includes Nietzsche, Rorty and poststructuralists) who revived the philosophy of hermeneutics both to demonstrate the futility of any claim to objective knowledge and to locate all beliefs and values in the subject. This reaction to enlightenment fundamentalism led to an anti-rationalist stance, building on the 'disenchantments' of Copernicus, Darwin and, later, Freud to demonstrate the contingency of the universe and the postmodern dismantling of 'out there' truths. Smith identifies the weakness of this position as its failure to address 'in here' truths; the triumph of the subjective invalidates all positions in weak hermeneutics, so that all knowledge can be dismissed as interpretation , obviating the requirement for any transcendent forces such as 'the true, the real and the good' and thus incapable of developing an ethic. Strong hermeneutics is developed by scholars such as Gadamer,

Ricoeur and Taylor, who seek not to denigrate reason but to elevate aspects of identity bound in expression; 'it takes seriously the ethic of cognition as an ethic ... as one horizon of self-interpretation among others, its status as a cultural injunction is affirmed but it also allowed to admit of truth. For strong hermeneutics interpretation is the living house of reason not its tomb' .

Thus strong hermeneutics addresses the tension between cognition and identity, widening the field of ethics to include both rationality and other forms of expressive or experienced identity. In this context, the emphasis on rational ethical approaches outlined above looks very partial and thin. Strong hermeneutics admits the whole human being into the discourse, rather than just our brains. Taylor describes the goal of strong hermeneutics as one of 'retrieval ... to recover buried goods by way of re-articulation – and thereby to make these sources again empower' . However, this retrieval requires a high level of self-understanding, central to the hermeneutic ethic, as is emphasized by Riceour, Taylor and Gadamer. The centrality of self-transformation led Habermas to develop deep hermeneutics in his early writings, using Freudian analysis as a model for reflectivity, as it combines interpretive insight with empirical scientific research. For Habermas, according to Smith, this 'deep hermeneutics' contains the notion (also found in other forms) that the human being cannot generate objective observations, that there is more than mere plurality of interpretation and that psychoanalytic self-questioning can reduce the distortions of self-interpretation. Depth hermeneutics thus engages the individual at a level of human experience with universal resonance. Later, Habermas argued that Gadamer's approach was over-idealistic and that barriers to understanding can be ideological and resistant to sharing, thus generating *critical hermeneutics*, questioning the power structures in understanding and communication, before he developed the more Kantian aspects of discourse ethics (for more on the relationship between discourse ethics and hermeneutics.

Smith dismisses weak hermeneutics briskly but conducts a detailed refutation of Habermas's approach, claiming that strong hermeneutics already fulfills the depth function. Accepting the conflation of strong and deep hermeneutics for the purpose of better ontological/epistemological grasp of hermeneutics , it is this approach that is capable of providing a foundation for an ethic. Using Smith's framework one can recast exploration of the tension between what Riceour termed 'the hermeneutics of suspicion' (in which text always means something other than the author intended) and the 'hermeneutics of conversation' (in which the text always means something more than the author intended). The former resonates with concepts from weak hermeneutics in which the emphasis is on deconstruction not reconstruction. The latter seems closer to Gadamer's dialogic approach – he coins the term 'fusion of horizons' to indicate the possibility of finding common ground but also the transience of such discoveries; like horizons, they are always shifting. Gadamer was particularly concerned with the pre-understandings (also termed 'prejudices') a reader brings to the text; the interplay of expectation, realization and adjustment leads to realignments of their frames of interpretation . These adjustments and the interplay between the part of the text and the whole, and the whole text and its context form elements of the circle of hermeneutics, a representation of the dynamics of interpretation.

Strong hermeneutics opens the door to multiplicity of meaning and the infinite varieties of interpretation. As Weinsheimer says: There is always room for further interpretation. The fact that the human word is not one but many, the fact that the object

of thought is not wholly realized in any one of its conceptions, impels it constantly forward toward further words and concepts. It is surprising that there is not more research into and via hermeneutics, given the centrality of interpretation to medical practice: the practitioner is constantly interpreting various internal and external materials to the scene and vice versa, and is prized for skill in understanding the nuances and navigating the pitfalls of interpretation. Hermeneutics is not often cited in literature, though Habermas is considered a leading theorist for communication ethics . Habermas often concentrates on the procedural aspects of discourse ethics and the hermeneutic roots are neglected.

To understand something is to reach an understanding with another about it, and that can only be achieved through a conversation that sustains the interplay of question and answer . The hermeneutic circle may be understood as a model of communication, as it evolves not just in the here and now, but down through history and across cultures, in this study, across time and space of my lived life, In hermeneutic (and phenomenological) terminology, communication involves a 'fusion of horizons' – a meeting and merging of the expectations that communicators bring with them into the exchange. These quotes stress the communicative aspects of hermeneutics, the relationship between all the elements in a communication: speaker, listener, text, pre-understanding, interpretation, re-interpretation and exchange of meaning. These are the tasks given to medical practitioners in their roles of boundary spanner, relationship manager, advocate or even critic. They also illustrate a richness of possibility that might

satisfy Pieczka's concern of inadequate engagement with dialogical philosophy; although she finds the connection between medicine and dialogue theory in Deweyan pragmatism , I suggest the hermeneutic tradition also offers considerable potential for

A strong hermeneutic approach would share with critical theorists the need to make the assumption that human relationships are essentially asymmetric, fluid and full of contradictions. But in this study, we dwell on moving past the critical to consider how to emphasize or reject those that target meanings that can impact not only the author but the medical praxis in general. The concept of a synergistic whole in constant flux . Macnamara (2012) talks about 5 elements crucial : knowledge sharing, persuasion, relationship cultivation, social conscience and cultural participation. In this foregoing hermeneutics of the self, a metatheoretical experiential view of this schema is propounded in which all the horizontal theoretical backdrops mentioned are put in continual conversation with one another, finding common ground, them moving away from each other, like subatomic particles. Hoping such a space would release some of the constraints on medical praxis , allowing it to shift beyond narrow and stereotypical descriptions to broaden its conceptualization.

Writing is not getting a message across, but instead creating an experience through language that is understood by the reader as an entity in its own right... Hermeneutics offers much as a theoretical source in a less mechanist or positivist approach. These points are useful indicators to how hermeneutics might stimulate greater reflexivity in medical practice, though it focuses on practitioners as writers and on linguistic issues

rather than the more experiential Being-in-the-World approach found in Heidegger. It is also worth remembering that practitioners are centrally involved in consultation and advice giving, whether as independent or in-house advisers. Gadamer's comment about the relationship between the advisor and the advisee as engaged in shared human experience is rarely evidenced in theory or practice but raises issues about the relationship between self and others: how often do we consider the needs of the client/employer to be related to and as important as our own needs? It is clear that the claim to understand another does not constitute an ethic; we must presume that the other has something to teach us. To me, the greatest challenge to professional praxis is the reminder that we stand in front of texts (signs, symbols, words and human events) 'that display the full range of human possibilities and capacities'. That is where ethics starts and ends.

Ontological And Epistemological Roots Of Dialogue

Dialogue, then, is a special kind of conversation and interaction that is rule guided, but also experiential and open-ended. Although many scholars agree that dialogue is something that can sometimes take place spontaneously and episodically (and is often short lived, the idea that dialogue is part of an ongoing relational process also permeates the literature . Some critics see dialogue as an effort to advance an ideological perspective, describing dialogue as an esoteric, normative theory, divorced from the real word in reality, dialogic theory is very practical and based on a number of valid interpersonal communication, relational, and philosophical principles, some dating

discerning truth, used by Plato in the Socratic dialogues, informs dialogic theory. Thus, dialogic theory is not new; dialogue revolves around rhetorical assumptions of co-creation of meaning that have been recognized for decades by educators, philosophers, psychologists, and activists. More recently, dialogue has begun to take hold among professional communicators in public relations, advertising, marketing, journalism, and other professions (Taylor & Kent, 2014), as a means of creating more durable and longer lasting organization-to-public relationships.

Co-creational theories are rhetorical, post-structuralist theories that hold that the lived reality that people experience everyday is constructed through our interactions with other people. That is, we see the world for what it is based on our ontic experiences, rather than as a fixed reality waiting for us to discover it. Co- creational principles are important for organizational communicators to understand when many decision makers are often unwilling to consider other possibilities once a decision has been reached . Managers are often more interested in getting their own way when they hold public meetings or consult with community members and stakeholders, than with actually making decisions that are based on the best course of action.

As a method for communication between individuals and groups with a history of tension or conflict between them, dialogue can help participants develop a new, shared meaning and understanding of the other, from the other's perspective (Bohm, 2010). A growing body of research suggests that dialogue is associated with a wide variety of positive individual and intergroup outcomes, such as increases in critical thinking skills,

better perspective-taking, empathy, critical awareness of social issues such as racial privilege and institutional discrimination and positive changes in intergroup attitudes and behaviors. Given that an assortment of existing social media and Internet technologies actually separate people from each other, often resulting in relational dissatisfaction, difficulty maintaining relationships, narcissism, and closed-mindedness, the value of dialogic communication as a means of helping people take the perspective of others and learn tolerance should be obvious (Kent & Taylor, 2017).

Buber theorizes, “All life is dialogue. According to Bakhtin, all life is about meeting; all life is an open-ended dialogue. Seikkula et al (2011) says , “ Life by its very nature is dialogic. We are the moment we are born. To live means to participate in dialogue: to ask questions, to heed, to respond, to agree, to contest, etc. In a dialogic life journey, a person participates wholly and thinks his whole life: with his/her eyes, lips, hands, soul, spirit, with his whole body and deeds. Seikkula et al posit, “The paradox of dialogue may be in the simplicity and complexity of it on the whole. It is as easy as life is, but at the same time dialogue is as complicated and difficult as life is” As mechanical breathing allows exchange of life-giving “gasses” our biomedical health alive, dialogue keeps our psychosocial health intact and alive . It is very sensory and abstract way to ponder, sort out not only their positioning but on a more profound layer, the underlying meanings, and values. It attempts to extricate meanings long abstracted by intensively explicating themes, semiotic symbols in language, and voices. Thus there is an element of history and longitudinality . Seen from a temporal point of view, this

implies that self is part of an ongoing dialogue, whereby encounters with one's important others in the past provide the basis for the internal dialogues that constitute the psyche and are expressed in the present expressed within the self's relations to others. It is explicated that the concept of dialogism, with its emphasis on the rich social life of words and utterances, also implies that the words the dialogical self use have a social history and therefore always inevitably carry meanings , expressed as recurrent words or themes .

Thus we see the resonance between and convergence between dialogue theory and hermeneutic communication wherein dialogue is a constituting a process, conducted between multiple actors committed to the process itself more than the outcomes, a fusion of horizon , emphasis on mutuality, fluidity process, in contrast to the normative instrumental descriptions of communication found in some systems theory writing. Reason why Piezcka calls for deeper engagement with dialogue theory and hermeneutic method together. In this work, I will be using dialogism as the main theoretical lens for interrogation, both for ontological and epistemological dimensions I will be explicating the dialogic nature of life as expressed through language. Words are always embedded in utterances employed in both personal and social contexts, and every new use of them echoes the meanings accumulated through their rich personal and social experience. Language is the domain of struggle between different voices , between

In this table the sample studies that have inspired this work are enumerated. Here, we see how hermeneutic phenomenological inquiry, including auto hermeneutics are very much alive and relevant in medical and other praxis.

Year	Author/s	Topic of Inquiry	Meaning themes
2005	Paterson & Higgs	occupational therapist/teachers reveal aspects of practice that need flexible, adaptable & justifiable handling in the context of evidence-based client-centered tenets	hermeneutic research is a credible, rigorous & creative strategy to investigate topic
2006	Arfken M	Interviewees were asked to describe salient political situations	Political situations were categorized as media, conventional, & political socialization, from which variations in the people's understanding of political life were explicated
2007	Ajjawi & Higgs	12 experienced practitioners investigate how they learn to communicate their clinical reasoning	That which is often subconscious and enabled means of interpreting their experiences of personal learning journeys using 6 stages: immersion, understanding, abstraction , synthesis and theme development, illumination & illustration of phenomenon, integration & critique

2011	Fleck	12 researchers interview a nurse auto hermeneutics about his choosing to practice out of his comfort zone auto hermeneutic*	The insights that emerged provide a mirror through which missionaries can consider their own assumptions, values & motivations.
2012	Whitehead	Doctors' experience dealing with death ; 5 essential themes emerged, which indicate that physicians can experience very strong & lasting emotional reactions , and impact professional sense of responsibility & competence.	Implication: that difficulties negotiating this balance may lead to unintended lapses in (self)compassion & suboptimal outcomes in patient care
2019	Diemergard, et al	Lived experience of 2 students through a relational process between teacher & trainee	learning
	Guillen	Experience of managers Lived experience of teachers	Principles of previous stage/clarification, collecting reflecting, structural reflecting, & final reflecting/phenomenological text
	Singh et al	Gained insight on how they define quality, importance of leadership, support, communication, and training 6 physician leaders reveal their experiences through use of dyads and issues on role conflicts	QI methods best studied hermeneutically among managers proposed a new framework for hermeneutic phenomenology based on Gadamer's central tenets of pre-understandings, hermeneutic circle & fusion of horizons; Hermeneutic

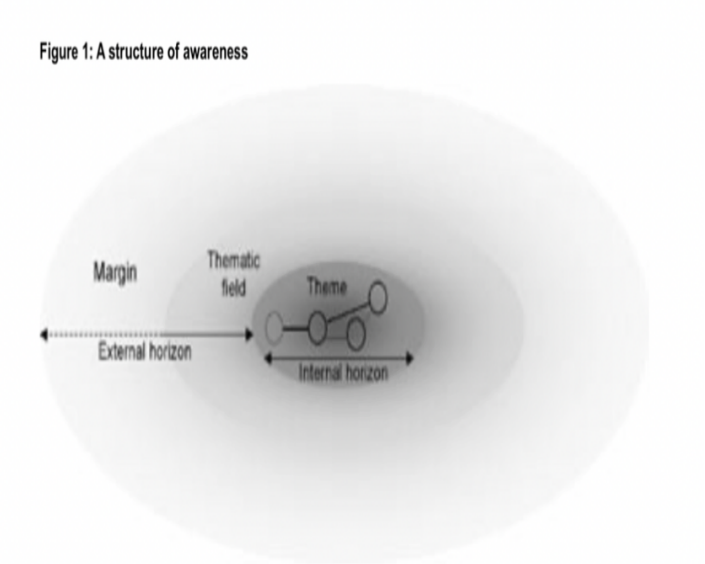
			dialogic dyads strategy is effective in motivating & demotivating
	Alsaigh & Coyne	3 patients lived experience in the context of deep-brain stimulation , the meanings attached to it	Implications to scope for medical practice, health system, and legal frame
	Campanelli	letters from patients were analyzed as to what mattered to them	Analysis of narratives as teaching tools to teach on doctor-patient relationship; that health care models based on walk-in style care, rapid visits, or low access to a constant primary care physician may be the antithesis of what patients value or want.
	Gorichanaz	relevance and effectiveness of *auto hermeneutic** study applied to ultra running	
2020	Martin et al (	Physicians' lived experience of disclosure to medical students their own struggle with mental illness (A randomized study) N-21	Disclosure of lived experience of mental illness among doctors helps de-stigmatize mental illness and its interventions among medical students.
		of mental illness, and how hermeneutics can associate with RCT	
	Frechette et al	15 patients during the pandemic show youth positive and negative meanings to their transitions in education and employment: the small impact, dealing with	

		uncertainty, loneliness and self confrontation of true selves.	
	Helve	study of ICU nurses lived experience on doing a major hospital transformation study Examined pandemic experiences, the meanings & prospects of 10 youth	Brings to the fore hidden parts, the taken-for-granted parts of a phenomenon that turns out to be vital
	Lindseth & Emerita	10 nurses in a nursing home tell about their good or bad conscience in caring for patients with dementia	A proposed method used: naive reading, structural analysis, comprehensive understanding

Table 2. Summary of Hermeneutic Studies Done on Professional Praxis

There have been quite a number of structured phenomenological methods searched in literature . Using Cope's (2004) structure of awareness, the outcome is the meaning essence , while the thematic fields are the internal and external horizons approximating the essence. I innovatively tried to use this even to my auto hermeneutics, for lack of any method to benchmark on in the earlier segments of my search. It also proved helpful in theme development and aggregation of cluttered data to process, those floated back to my awareness.

Figure 7. A structure of awareness . (Cope, 2004).



Meaning-Making Qualitative Studies on Professional Praxis in Literature

It was worth reviewing also some other qualitative research on professional praxis in general. For medical , the most comprehensive, thoughtful and deep reflective approach on sense-making about medical praxis is the book written by Wilson and Cunningham (2013), entitled. " Being a doctor: Understanding Medical Practice. It was based on many years of discussion with post-graduate students of the authors in clinical practice in primary care/family physicians in the USA. This book is a masterpiece that tackles relationship-based practice among family and primary-care physicians, emphasizing Balint reflective practice that arose during the last decade as a response

for failure of the biomedical model to address the value of doctor-patient relationship. It distinguishes doctor from healer, role and goals of the healer, exploring the patient's illness experience in depth. It introduces the idea of narrative and how the doctor can help shape that narrative, illustrating how suffering and healing are linked. To 'be' a doctor involves understanding the philosophy of medicine and how that philosophy underpins clinical practice, which is both "seldom recognized or made explicit in both teaching and practice". It defines and critiques the biomedical paradigm and its anomalies in terms of labeling some scenarios as placebo or somatization. It explores the various components of the doctor-patient relationship, what goes well and why. The framework of Balint reflective practice is integral in addressing the adverse outcomes of clinical care for the emerging concept of patient safety. It explores the reality of primary health care in the context of community as well as the interface with secondary care and what is termed patient centered care.

It is Nowakowski & Hey(2013) interviewed physicians on the meanings of their career and many perceive it as a calling Overall, physicians feel fulfilled in their vocation. Ten of 14 physicians said "yes" they are fulfilled, two said they feel mostly fulfilled, and two said they thought or hoped they were fulfilled. Two female physicians, in practice for 20 to 30 years, mentioned times when they felt they should be doing something more, being involved in bigger policy issues that could engage all their gifts and talents in the fullest possible reasons for disillusionment. Common sources of disillusionment and burnout were bureaucracy, politics, insurance, and too much computer data work (Bamberg and Zielke (2014) .

Bindels et al (2018) conducted interviews among physicians from various fields of discipline to know how physicians do their reflective practice, where it is described as 'fuzzy' , and requires a psychologically safe and meditative environment. It requires both internal and external dialogue, the internal requiring courage and honesty did Interpretative phenomenological analysis on a group of physicians, using in-depth interviews with 13 hospital-based physicians from various specialties and institutions. The interviews were transcribed verbatim and were analyzed iteratively. Data analysis resulted in the identification of three main topics: fuzziness, domain specificity, and dialogical dynamics of reflection in professional practice. Reflection was conceptualized as a fuzzy process of contemplation . These dialogues were regarded as the result of an interplay between an internal and an external dialogue. The internal dialogue required sensitivity and courage of the individual. Within the team domain however, handling the external dialogue effectively was not self-evident, underlining the importance of psychological safety and encouraging reflective ambiance. This study draws attention to the interdependence between the individual and the collective contributions to reflective activity in professional practice. Can such studies be called phenomenological or hermeneutic? To a point, yes, except that there the critical process of hermeneutic circle/spiral (iterative reflecting and interpreting , fusion of horizons , and phronesis , which all defines hermeneutics were not exercised.

Though the above are struggling to be heard, professional organizations are slowly imbibing the paradigm shift . Childress (2017) of American Medical Association calls narrative writing an authentic kind of "ego investment" and reflection as a core

competency for doctors, and the need to teach cultivation of self-awareness. (Caruso and Garden, 2017) calls it an empathic bridge across the divide between a professional healer and a sick patient. Wistrand (2018) in Doctors as Patients : An Interpretative Study of two literary narratives both a paradox and real but valuable resource in their continued medical practice. Illness among doctors is an opportunity of experience-based medicine in the deepest personal meaning of the word. Create an intersubjective medicine in which the human and the scientific were integrated as equal partners. It bridges the ontologic gulf between the 2 carry this insight to revitalize the ailing medical practice. To enter the solitude of patient-hood to have any real idea of what being a patient means.

Certainly , the above works can only begin to capture the actual lived experience of a physician along a dialogical perspective, the construct of which this work traces. Phenomenological accounts paradoxically both draw us closer while also distancing us from the lifeworld . Any account by definition always remains partial, incomplete and tentative. Many other theorists followed Husserl's phenomenology and Ricceour's hermeneutics. Michel Foucault was the pioneer on *The hermeneutics of the Subject*. This serves to understand how deeply united philosophy and medicine are in antiquity through a shared ethical problem. Research in the relationship between *physis* and *techne* is a core point for understanding ancient medicine, especially the notion of health of Hippocratic medicine.

Rantatalo and Karp (2016) studied policemen but I would like to mention this because of its methodology to examine professional practice: the fact that it opted for a

guided individualized reflection, although it was conducted collectively . it teased out the differences among 3 different models of reflection : specular and dialogic and polyphonic reflection processes. Their findings conclude that collective reflection involves multiple individuals that added complexity that was counterproductive to the reflective process. Walsh and Mann (2015) explicate that professional reflective practice be data-led, evidence-based and practitioner-focused.

Thus, from this review of literature, there are tremendous gaps in the lived experience of professional praxis, especially medical, validating the choice of the topic. There is also much gap in the use of hermeneutic phenomenology , and good ones at further nailing the significance of exploring the use of such a paradigm,.

CHAPTER THREE

METHODOLOGY

Firstly, I define what I mean by medical praxis (Arfkin, 2006). I chose *praxis* than *practice* because *praxis* refers to the practical application of any branch of learning while practice is repetition of an activity to improve skill, Marx ( )uses praxis to refer to the free, universal creative and self-creative activity through which man creates and changes his/her historical world and himself,. *Praxis* is an activity unique to humans. It denotes the intersection between individual consciousness and everyday practical involvement (being- in- the- world or *Desein*) in social, historical and cultural activities. Thus in this study, I have focused on bigger medical situations and the way these practices/decisions/options embody an interpretation of the whole person that I am.

In this doctoral study of a professional praxis , I also aimed to investigate and demonstrate the use and unique purpose of hermeneutic phenomenology as a reflective research. Trubshaw (2021) explicates this most succinctly. The problem of subjectivity of humanism or social sciences research will only vanish when epistemology takes an axiological turn, using a philosophy of engagement, which is very fundamental in an analysis of a professional experience. The author defines reflection

as the highest level of professional engagement —-to be able to reflect, according to Trubshaw (2020)'s definitions of reflection and how he differentiates it from other more superficial level of engagement: embeddedness, participation and immersion.

Embeddedness is a consideration of the objective conditions of human nature as a part of the natural order, including our social being and human consciousness. It is an exploration of the ontological foundations of knowledge, but indicative also of low engagement; in other words, what can be said of human nature when it is embedded in the world, but for whatever reasons, is little otherwise engaged with the world.

Participation in the various forms of life that constitute our social world is the normal state of affairs, the norm of engagement. It is the state of social engagement clustered around the values of belonging and living through the routines of ordinary life, whether that be of the home and family, the workplace, the school or college, the church and the club or hobby.

Immersion is the place of discovery and the place of creation. This can and often does overlap with participation, but there is an added moral dimension of engagement in which specialized values of various professions and disciplines come to the fore and in which the individual becomes deeply immersed in the drive to fundamentally reshape physical, social and cultural reality.

Reflection is a level of engagement that goes beyond mere success in an endeavor through critical engagement, in an attempt to articulate a general understanding that transcends the narrow confines of a specialty or experience and builds bridges in a move towards universality and absolute values. These are the truly great works of

science, philosophy, art and spirituality that endure beyond their time and continue to inspire, enlighten, uplift, move, challenge and confront succeeding generations.

A philosophy of engagement is a social philosophy of being, action and change that has a strong resonance with questions of perception and knowledge. It is also a moral philosophy that differentiates between different objects and systems of interaction and the values and techniques appropriate to those situations. The world is shifting into a post-Enlightenment era and hangs in the balance between building on the greatness of the Enlightenment project by incorporating a more holistic view of human nature than that held by scientific reductionism and a broader concept of knowledge, or abandoning the Enlightenment altogether, together with our freedom, prosperity and rights, for something that to the degree that it has been so far been implemented has proved disastrous.

As a novice doctoral researcher using reflexivity, I found this practice rather challenging and chaotic. It was a learning curve and a tool I learnt quite gradually along the way. I found tips and guidelines on reflexivity and professional use of self in research very useful in facilitating my reflexivity offers to suggest reflexive questions at every phase of a research study. In the pre-research phase, it involved being honest with myself about my biases and limitations, my knowledge or lack of it, around the topic and population of inquiry and the possibility of my perspectives and experiences to affect the research process. Some pre-research phase questions considered in alerting myself to the topic, idea or population from included:

1. What do I already know about medical praxis and its diverse facts as a physician myself?

2. How do I know what I know?

3. How have my personal and professional experiences shaped what I know?

4. What assumptions, biases, attitudes and beliefs shape my construction of this idea?

5. What am I passionate about regarding this topic/idea?

6. How are my life experiences shaping the methodologic design of this study?

I tried engaging in dialogue with myself to experience answering these questions to highlight my awareness of my experience in relation to the object, topic and intended audience. I wrote down my pre-understandings and knowledge around the topic which stemmed from my personal and professional experiences. During the implementation phase, I kept a diary to capture and document my thoughts, feeling, insights and field notes and such questions were considered along the way:

1. *How does my pre-notions and ways of thinking shape the implementation of this study?*

2. What motivates me to share and investigate this?

3. In what ways can I disclose about myself on the topic?

4. What am I noticing about my own communication patterns?

5. What kind of information do I share with myself ?

6. What do I share before and after the formal interview/study begins and ends?

In the analyzing and writing phases of the study, reflexive logs were mainly written as side notes on the interview transcript documents as well as annotations.Such questions from were considered:

1. Whose stories are worth representing? Whose voices am I hearing /not hearing ?

3. What are the patterns?

5. In what ways did my own self as a researcher my pre-understandings influence //change my responses/findings ?

6. In what ways am I invested in the study's findings?

7. How did my this research engagement influence my interpretations of my stories?

I discussed on many occasions with my thesis adviser as it is recognized that 'experts' can help to corroborate the findings , enabling further insight and depth through challenge and discussion . and that we as humans are always in the process of interpreting that which surrounds us .

EXERCISING REFLEXIVITY IN AN AUTO HERMENEUTIC STUDY

Medical praxis or any professional praxis for that matter is a complex phenomenon and this complexity is related to reasoning processes within individuals that are both cognitive and interactive processes; are predominantly unobservable; at times automatic and subconscious; and always multifaceted and context-dependent. While it is much more observable, is also embedded and enmeshed in practice,

multifaceted, and is context-dependent. Learning in practice is situated and mostly implicit . Therefore, investigating the phenomenon of learning to communicate clinical reasoning required the participants to raise their level of awareness of their reasoning, their learning, *and* their communication, hence sub-questions related to each of these areas were explored.

The principal question of this research was: How do experienced physicians learn to reflect on their own praxis. This question contains multiple embedded and overlapping phenomena, which require explicit attention in order to understand and interpret the main research phenomenon as a whole. Therefore, I investigated the following research sub-questions:

1. *How do experienced physicians understand their medical praxis?*

2. How do experienced physicians communicate their lived experiences ?

METHODOLOGICAL FRAMEWORK

In the Review of Literature, I enumerated some sample works and tried to see the same pattern that permeates them all. I benchmarked on them and customized my own to fit my auto hermeneutic study. I mostly used narrative inquiry or "dialogical narrativist approach" the study of human experience involving writing my own vignettes/snippets *(Clandinin and Huber, 2014)* , which I did by conducting self-interviews as data collection tool *(Connelly and Clandinin, 1990).* The vignettes and interview transcripts enabled affording both breadth, depth, and even longitudinality to

the perspective (Amalia, 2015; Brockmeier & Meretoja, 2016; Wistrand, 2018; Brown & Garden, 2017).

Accordingly, conscious experience of self, dialogue and reflexivity are different aspects of the same phenomenon defined in this study as dialogical reflexivity. The dialogicality, therefore, is the essential quality of this process, and can be defined as a dialogue that is both internal/reflective (consciousness back on itself) and external (consciousness addressing other consciousnesses (Encarnao et al, 2013).The narrative, in turn, is a way for the individual to produce a sense of self, establishing relationships between different internal 'voices' which are in constant dialogue (Hermans, 1999). In the developmental psychology area in particular, Wistrand (2018) highlights the importance of dialogical narrativist perspective like an epistemological tendency and relates it to the second cognitive revolution in psychology and linguistic turn in philosophy. As a matter of study, narrative finds great (Motta et al , 2013 In this work, I explored how descriptive and interpretative phenomenological analysis of my medical practice across various spheres of involvement in the enlarging spheres of medical praxis outside the clinic/hospitals, i.e., the academe and the higher social systems .

I used the metaphor of a dialogical prism to curate meanings out of my medical praxis of 40 years at this point in time.

LOCALE OF THE STUDY

The study took place during the enhanced community quarantine on a backdrop of pandemic , on community quarantine, in the home located at Metro Manila, Philippines, with my husband and an adult son, situated in a garden, mostly alone, ambiance verdant trees are conducive to reflection . I am virtually online on social media , on FB messenger with my teacher daughter based on Kyoto; very active as invited speakers for a wide variety of topics from mental health to land management in relation to health, not to mention doing tele-health to global patients writing prescriptions and providing clinical and psychospiritual support .

Medical praxis took place in the two urban poor places of Manila and Quezon City, with local and overseas medical missions with UP Pahinungod and Tribes and Nations Asia. Study programs included blended learning in the USA, Egypt, and India; while projects and research presentations occurred in Asia . Europe and the USA. The medical institutions and project bases of involvement were located in Region 1, 7, 8, and NCR. Specifically, clinical practice occurred in Quezon City and Manila; . educational engagements have been in various medical & health management institutions in various regions; and the societal engagements on governance and advocacy with local/international medical institutions and NGOs/faith-based organizations.

DATA COLLECTION

Based on the reviewed studies, practicing fidelity to phenomenological approach and style of thinking, I concocted my method quite inductively , naturally i.e., unknowing what I would do next, true to intuitive process of consciousness, I just allowed it to unfold where I needed illumination. I did not edit any of the writings as they poured out . Essentially very self-directed, unique to self, I added the dimension of methodologic hermeneutic circle within self , to allow an iterative process of both description and interpretation.

This study consisted of 5 -stage data collection processes in chronological order, which occurred within 3 focused consecutive days . Each stage is progressing, meaning the output in one stage is connected and related with the outputs of the previous.

Stage 1 consisted of myself using the structure of awareness of Cope (2004) to chart the various dialogical events of my medical praxis in the 3 spheres of involvement. By the principle of thematic field and internal and external horizon, I was able to see a map of the dialogical strands of my life from both micro and macro perspective. I make some adaptation by adding the columns, enablers and barriers.

Stage 2 free-flow story-telling on each sphere, wherein I having an imagined addressee had myself scribble randomly for 45 minutes on each sphere just following where my mind would bring me to write without concern for coherence or order. In this way, I was being consciously reflexive to allow unconscious and subconscious threads of meanings to reveal themselves.

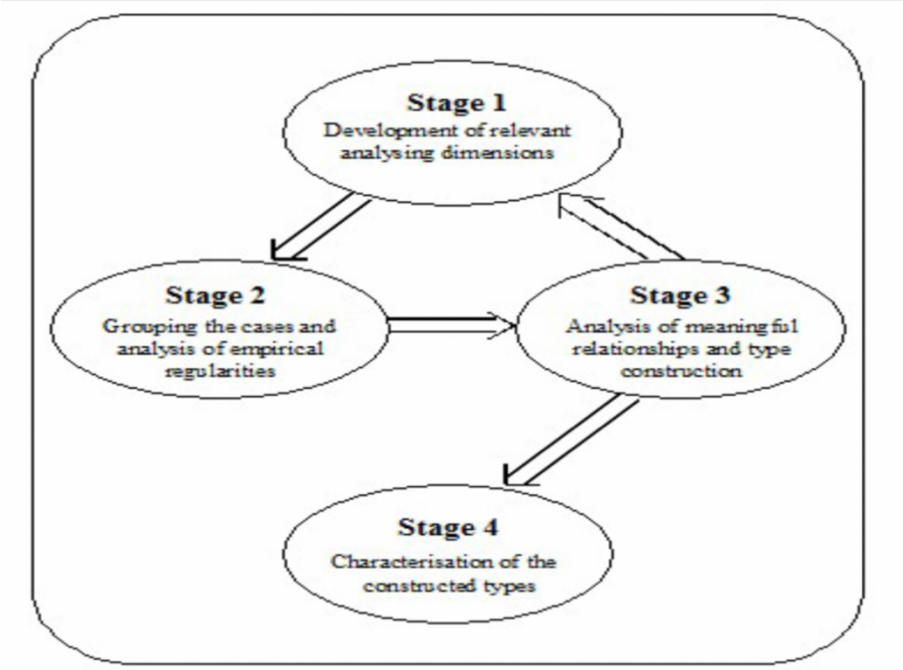
Stage 3 consisted of charting my discerned voices across the different spheres, and classified them accordingly. I reflected both on my own voices, both inner and external dialogues, and voices of others . I classified both into 3 categories: the voices I want to sustain, enhance and modulate. I matched my voices and those of others according to a common thematic interface.

Stage 4 was a guided Q and A self-interview to explicate on the meanings and voices on a deeper level and allow me to give them hierarchical valuing.

Stage 5 was where I directed myself to reflect on common dialogical behaviors particularly aligned with WHO 5-star physician.

All the raw data from all these stages are found in Appendices 1-6. Triangulating data may be sourced from some published writings across periods of practice, and processed using the meaning typology reconstruction as shown in Figure 2.

Figure 1. Steps in Categorization of typology of meanings (Qualitative-research.net,2020)



DATA INTERPRETATION

I analyzed my written narratives to describe the meanings I ascribe to my medical praxis. Based on the dialogical framework, the construct variables for dialogical professional praxis are typologies of dialogical meanings and dialogical voices. The meaning typologies being expressed from extracted common signifiers of meaning and extracted valued voices. These were triangulated with dialogical events extracted . The most valued are taken to be the most overlapping , having repetitive mention and appearances across the data stages. Thus all these raw data sets from various stages underwent the phenomenological stages of interpretative analysis as diagrammed below. .

Figure 2. Steps in descriptive phenomenological interpretation adapted to hermeneutic approach (Villegas, 2017)

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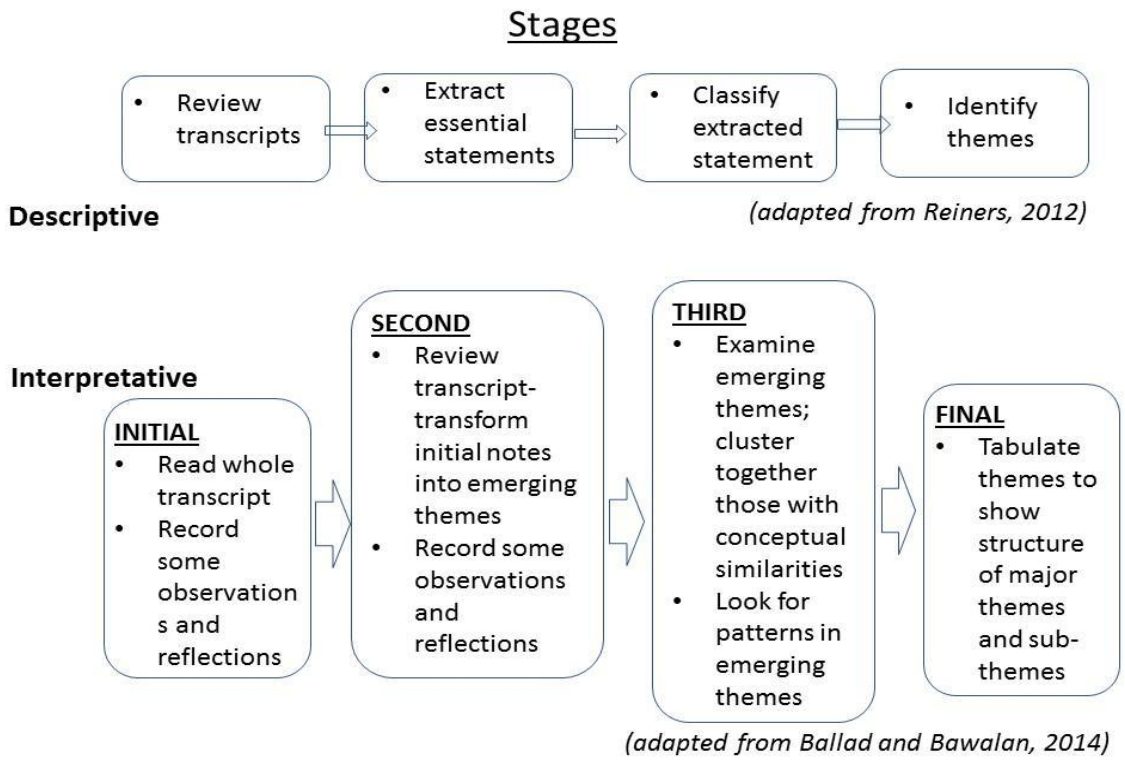


Step	Fleming et al. (2003) (based on Gadamer (1960) seminal text)	Ajjawi & Higgs (2007)		Stage	Steps followed
1	Appropriate open research question			1	Choosing an appropriate open research question
2	Identification of pre-understandings			2	Identification of pre-understandings
3	Gaining understanding through dialogue with participants	Analytical stage 1	Immersion	3	Gaining understanding through dialogue with participants (interviews and diaries)
4	Gaining understanding through dialogue with text (hermeneutic circle and fusion of horizons)	2	Understanding	4	Transcribing/iterative reading/preliminary interpretation of texts to facilitate coding/identifying first order (participant's horizon) constructs
		3	Abstraction	5	Identifying second order (the researcher's horizon) constructs = integration
		4	Synthesis and theme development	6	Meshing the horizons/themes are developed and challenged by the researcher = aggregation
		5	Illumination and illustration of phenomena	7	Linking the literature to the themes identified
		6	Integration and critique	8	Critique of the themes/reporting final interpretation at this point in time (fusion of horizons)
5	Establishing trustworthiness			9	Establishing trustworthiness

Table 3. Steps and Stages of Gadamerian hermeneutical study framework (Alsaigh & Coyne, 2019)

First Step : Identification of Pre-understandings (Before Data Collection)

Researchers using Gadamer's philosophy need to identify their pre- understandings or prejudices on the topic of interest . It is recommended remaining open to hidden prejudices and that unexamined prejudices may impact or limit the horizon of understanding so one's prejudices need to be provoked. Prejudice can limit the individual's horizon which results in not seeing far enough, underestimating the familiar, which results in not seeing or closing of further understanding by assuming it is already known . With my personal experience and underpinning my study with the philosophy of Gadamer, I knew I had to bring my pre-understandings and prejudices of the topic into consciousness. I reflected pre-understandings and prejudices of the topic into

consciousness that enable me to move past my pre-understandings and transcend my horizons to better understand the phenomena, which will influence the research findings. I found this process not as easy as it might seem. In order to provoke my pre-understandings, I needed to bring out hidden prejudices and ones that I might underestimate myself. An appropriate approach I found to help bring my pre-understandings to the surface was having conversations with my supervisor, colleagues and family members. Then the pre- understandings that became visible and brought to level of awareness not only during self interviews but in processing , analysis and interpretation, .During the research process my pre-understandings changed from the point of data collection until the write-up stage and in order to actively focus on this transformation, I consistently documented my thoughts and reflections in a diary to segregate my pre-understandings from eventual realizations or insights obtained from the study, . I also reread and reflected on my accounts in my reflective diary to help remain oriented to the phenomena and to enable me to enter the hermeneutic circle .

Second step: Gaining Understanding Through Self Dialogue

Gadamer remarked that understanding may only be potential through dialogue, one being open to the opinion of the other . Dialogue means not only a conversation between two people, but also a dialogue between reader and text. In both cases, language is considered the mean and it is through language that understanding becomes potential . In order for the text to be co-created by the researcher and

participants, I sought to capture the temporality of every remark within a conversation and so I acted as an active research instrument. In auto hermeneutics the research's horizon and participant's horizon are one and the same so the interpretations may require different periods of occurrence to test consistency. A 'horizon' is a series of vision that incorporates everything seen from a specific vantage point .

A person with no horizon, in Gadamer's opinion, does not see far enough and overestimates what is nearest at hand, while to have a horizon means being able to see past what is familiar at hand. This is where questioning becomes practical, as it helps the person create new horizons and understandings possible which is a critical aspect of the interpretive process . Gadamer emphasized that we are all part of history and consciousness and he recognized the merging of an individual's horizon within the prejudices of history, including those offered by people and text in the development of knowledge and understanding . Therefore, in this doctoral study, it was important for me to try to understand changing levels of emotions, moods, and perceptions and how they could influence the research findings.

Third step: Gaining Understanding through Dialogue with Text (Transcribing and Analyzing)

Gadamer emphasized the necessity of writing down the interviews (transcribing) even though he supports the power of spoken words over the written. However the researcher should not totally rely on the written words (transcripts and diaries) but should also listen to the spoken words (audio-tapes). 'Text' not only signifies to the

written transcript, but also to recordings, comments about the interview situation and observations. Notes describing the context and emotions not captured by the recordings were written next to the interview text.

Stage 1: Immersion

This is where interviews were transcribed verbatim and repeatedly read to get a good understanding of the whole text. Gaining understanding of the whole text was the starting point of the analysis because the meaning of the whole text will impact the understanding of every other part of the text. Already my pre-understandings could have caused the build-up of a sense of anticipation that influenced the reencounter with the text. However, I was fully aware of trying to keep an open mind when encountering the text. However , I was fully aware of trying to keep an open mind and reflecting on my influences. This step was implemented by reading through the transcripts while hearing the recordings several times before exploring the parts. This step correlates with the 'Preliminary interpretation of texts to facilitate coding.

Transcripts were considerably annotated with identification of features of significance, as well as narratives of my feedback to my recordings. I carefully examined each transcript for ideas, which seemed to add voices to the meaning of the phenomena. Also, I attentively reviewed the transcripts for clues of my own intra-personal transformation. When articulating the meaning units, the question put to the text concerned the meanings of medical praxis. Across this dialogue with the text, main

meanings were sought. Both my horizons were at a different setting with another stage and were fused into a tentative interpretation.

Stage 2: Understanding

This is where rich and more detailed understanding was achieved. It involved investigating every single section or sentence and words(semiotic signifiers) to expose patterns of recurring meanings and themes.This was initially done by identifying first-order 'participant constructs' (open codes). These constructs represented my horizon as the singular participant referring to my ideas expressed in their own words or phrases, which captured the precise detail of the subject phenomenon or part of it.

Stage 3: Abstraction

This is where second order 'researcher constructs' (categories) were identified. Due to the large number of open codes. Then, subcategories under those categories were generated manually. Subsequently, core categories and subcategories were grouped manually into sub-themes. These sub- themes represented my horizon, which were generated using my theoretical and personal knowledge; these were abstractions of the first order constructs personal knowledge; these were abstractions of the first order constructs. (Integration). Thematic analysis offers a way of uncovering the underlying themes in a given data set. The main steps followed with regard to the process of thematic analysis , namely, were the transcription of the data and the coding.

Stage 4: Synthesis and theme development

Then the synthesis and theme development phase was initiated (meshing the horizons) where grouping of sub-themes into themes were made. Afterwards, further elaboration of themes and relating them to the whole meaning of the whole text to try in turn expand the meaning of the whole. This movement from the parts back to the whole text is the core of the hermeneutic circle (Aggregation). It was expected then with the deepened understanding of the whole text, meaning of the parts would expand. Themes were constantly being challenged and in turn challenged by my pre-understandings.

Guillen (2019) added added additional steps in the structural stage of hermeneutic study , after collection of experiences, which I used: that of **aggregation, integration macro (whole - and micro(parts) thematic reflections** of the essential meanings which involve discernment in order to come up with final **phenomenological text**, and arrive at the deepest dawnings/leap of meaning called **epiphany** , a sudden perception of an intuitive understanding of the life meaning of something , seeing phenomenology leading to finding the relationship between objectivity and subjectivity, which is present in each instant of my experience.

Ricoeur has a different language and wrote about narrating as an act of expressing what we remember, a mimesis.1 By narrating, we try to give orientation to our temporal existence. Not only in words, but also in action we express what is important in life. And we tell not only others, but even more ourselves who we are . In narrating we bring together moments that we can experience as a unified story in the here and now.

History takes shape, it emerges in a new or newly experienced form, as configuration and mimesis 2. It assumes that we have the power of figuration and experiences of configuration behind us. He called this presupposition prefiguration and mimesis 1. And in time, the process of figuration leads to a new possibility or basis of figuration, to a refiguration, a mimesis 3. With these steps we stretch a hermeneutic arc in life.

Regardless of variation in methods, the common thread is reflective dissection into structured pieces that give sensical understanding of the phenomenon, and bring the understanding of it to another level.

ETHICAL CONSIDERATIONS

I have provided an extensive description of ethical issues that need consideration by researchers, with a synopsis of key questions that researchers must ask themselves .

Key Research Ethics Questions

- Worthiness of the project: Will the research contribute in some significant way?
  YES
- Competence boundaries: Do I have the expertise to carry out the study and am I prepared to study and consult with others? *YES*
- YInformed consent: Do the participants(even implied in the stories) have full information about the study?
  YES (but no actual names were revealed)

- Benefits, costs and reciprocity: What do the participants (I) gain? *BETTER SELF UNDERSTANDING OF MY MEDICAL PRAXIS*

  LEARNING EXPERIENCE OF HERMENEUTIC AS A RESEARCH PROCESS

The theoretical underpinnings of dialogue and hermeneutic phenomenology used in this study carryethical considerations and are burdened by the acknowledgment that learning involves taking risks and will likely call one's assumptions and meanings into question. In dialogue, we learn to read the world in ways that can enhance our humanity, including being critical of oppression and injustice in our lives and our research. I made sure that care was done judiciously in data gathering and interpreting to be only referring to myself and not have any traceable insinuation to any person or entity who has no capacity to defend or argue if put in bad light. I took extra care in dealing with differences and examined my assumptions , anticipating this to be publishable public research work.

Hermeneutic research strategies also need to demonstrate attention to issues of quality. The three main criteria selected to assess and ensure quality for this interpretive research were credibility, rigor, and ethical behavior. Following are definitions of each of these criteria and examples of the strategies that were used in this research to ensure quality:

Credibility refers to the truth, value, or believability of the findings . An important way to achieve credibility is to enact the research philosophy or, in other words, for

method as logic of justification to inform method as technique. In this research this goal was sought by structuring research actions through hermeneutic circles.

The research methods must also be credible in terms of suitability for the chosen paradigm. There are a number of aspects of credibility (including authenticity, plausibility, and trustworthiness) and a number of strategies that can enhance and demonstrate credibility. The process of hermeneutic analysis further contributes to the transparency, trustworthiness, and plausibility of the research findings, interpretations, and products of the research. That is, the analytical processes of using the hermeneutic circle, the dialogue of question and answer, and the fusion of horizons, make the analytical processes more visible to the reader.

Authenticity rather than reliability is often an issue in qualitative research. The aim is usually to gather an 'authentic' understanding of people's experiences and it is believed that 'open-ended' questions are the most effective route towards this end. In this research, the semi-structured interviews utilized open- ended questions to pick up the threads from the ideas about that had been gained from the literature. In addition, they were involved in a review of the conceptual model. This helped to ensure that the findings were credible by drawing on the knowledge of judgment artistry and expert practice to critique the model as a credible representation of and a reasonable answer to the primary research question.

Plausibility is concerned with determining whether the findings of the study (description, explanation, or theory) "fit" the data from which they were derived . The reader needs to be able to judge the adequacy of the research process and critique the

evidence provided to support the researchers' conclusions and interpretations. This goal was addressed by providing transparency of the method and detailed discussion of the findings including many original raw data in the Appendices.

Trustworthiness is defined as confidence that the information is accurate and reflects reality . There are several important aspects of trustworthiness to address during phases of data collection and analysis. Firstly, the researcher should obtain sound information that adequately captures the experience,meaning, and events in the field of study; in this case , medical praxis. Margo presented the preliminary findings at a number of social media and webinars in order to obtain feedback from colleagues. This dialogue aided in the fusion of horizons process and testing the clarity of analytical thinking invested in this work. The feedback of the panelist mentors conference acknowledged the findings . Finally, the credibility of the evolving model was juxtaposed with existing theories and models across various generations and cultures, as can be found in Chapter 5 & 6.They provided a final checkpoint and validated the findings, but they did not alter the findings substantively.

Rigor refers to the credible conduct of research through recognized and updated methods , such as describing the hermeneutic circle and structured process used in this research. I have portrayed the rigor inherent in hermeneutics including deep immersion in the texts, repeated cycling between the parts, and the whole to make sense of the phenomenon in relation to the texts, repeated exploration of the horizons of me and other authors/researchers in literature ,and the depth of interpretation between the research, texts, and myself exercising awareness and reflexivity.

- Harm and risk: What might this study do to hurt people?

  NONE

- Honesty and trust: Am I telling the truth and do we trust each other?

  YES

- Privacy, confidentiality and anonymity: How identifiable are the individuals?

  HIDDEN

- Integrity and quality: Was the study conducted carefully, thoughtfully, and correctly in terms of some reasonable set of standards?

  YES

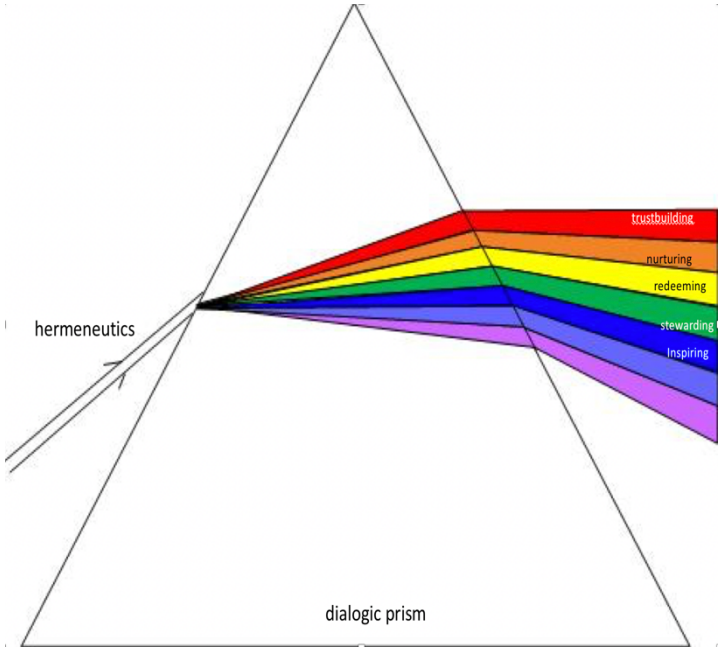
CHAPTER 4

HERMENEUTIC FINDINGS

The data collected revolved around reconstructed/curated meaning typologies of my lived experience of medical praxis across two dialogical scaffoldings and across three dialogical spaces/spheres: clinical, educational, and societal(healthcare governance/advocacy). My story is one of polyphonic traversing into the 3 arenas , many times concurrently, all of which I have all enjoyed without consciously choosing or giving up one from and for the other. It has been about navigating enlarging spheres that are interconnected with both inner and outer bases. The circumstances of my life more often choose for me, although in the level of my dialogical self, I always gravitated to one which will afford me and allow me to integrate the most personal meaning. It will be through iterative spiral reflections of my past medical praxis in 3 spheres : clinical, academic, and social advocacy . It will include past public artifacts . Thus, part of this personal journey is about tracing the origin of my discourse to its constitutive parts, revisiting the specific history of words, phrases and styles of speech in my life and opening them up to reflexive working-through. In Buberian and Bakhtinian terms the analytic process entails working through the layers of my discourses in order to establish the network of signifiers that constitute such experience—signifiers that always involve my significant others and others, and eventually reduce it to the most essential signifiers .

CURATED MEANINGS ASCRIBED TO MY LIVED EXPERIENCE OF MEDICAL PRAXIS

Figure 3. The layers of meanings unraveled by hermeneutic light using dialogic prism



The multi-stage analysis that occurred led to teasing out deepening layers and thus excavating or unearthing increasing revelations and insights that I could juxtapose with the dialogic essence . The question of how I myself have lived up to these realities in medicine, education and social advocacy , find some bit of more concrete partial answers, as I attempted to do it singularly on myself. The methods I used were all innovative. I am probably the first one to apply usage of the structure of awareness on

dissecting dialogic awareness applied to the analysis . It was very structured and organized way yet very simple to do, of seeing my progress across time and space, longitudinally, chronically , like a life line and differentiating the levels or depths of meanings I attributed to the dialogical events, across a continuum or spectrum, here termed horizons and fields. I got to understand that in terms of awareness of the meanings of what we do, we speak of fields of understanding, and we also speak of backdrop horizons. Here I was able to tease out that my awareness of my own meanings vary according to my fields of realization, against the horizon of the ideal . Through this study of my level of understanding, but the horizon is in reality still a vast universe of infinite discovery about dialogue and through dialogue. I saw my professional life as a whole, un-compartmentalized, woven through the same thread, needing the same raw material and ingredients.

Part of the meaning of the construction of a person is the joy one experiences . I have never done audible reflections before like 'monologuing alone.' It was hard to think and reflect alone, but I found myself in intense moments of enlightenment and would feel like wanting myself to hear what my soul is expressing. My husband would incidentally hear and laugh. He said I sounded happy based on the intonation of my voice, seen by my eyes and smiles. But what I was surprised about was how I suddenly recall memories from childhood then randomly go to my clinic days , like my brain is jumping and dancing from one time of my life , and connecting the dots. I asked my husband how he felt hearing me , he laughed and said he can also recall being part of

my stories. (By the way, this is a form of triangulation already). This was resonant with the emotional theme emergent on all the story-telling and narratives.

Dialogue is expressed in terms of voices, characters or positions that are spatially located in actual , remembered or imagined relationships. Meanings (ideas, thoughts, memories) can only become dialogical when they are embodied or expressed as a voice . What this tabulation revealed is that there were some uncontrollable forces of events , circumstances , accidental or serendipitous, that would help me navigate my set purposes . My narrative on the labyrinth says it all. This essay was written prior to my serious writing of this dissertation, prior to the occurrence of the outpouring of insights about the essence of dialogue. The stepping back is the reflective act, which I did hermeneutically thereafter I wrote that piece. The table shows at one glance that a certain level of mastery led to new practices as a form of longitudinal mapping.

This same pattern occurred many times in my professional life, when I was drawn out from ground clinical practice permanently because I was invited to become dean of a medical school in a distant place. This made me lose my assistant professorship in an academy that I earned patiently for 7 years. The peculiar circumstances that gave me opportunities to navigate from one sphere to another, albeit causing me to give up the other, gave much leverage in all spheres for e.g. when I was thrown to finding places of learning abroad on family medicine and finding behavioral science, making me sacrifice my local clinical practice . My jumping ship to another academy nearer my residence to make things more negotiable shortcutting my daily rounds from home to clinic to academy because all these nourish me in the dialogicality. The way I could

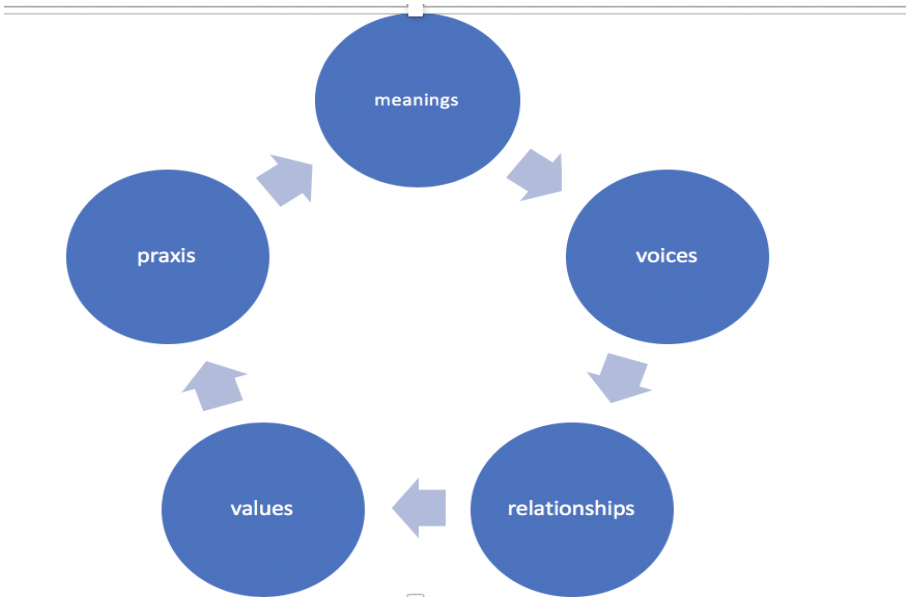
combine being in 2 different places (teaching in Subic or out on a medical mission while someone was in labor; being in the US while someone who desires only me to attend to her is due anytime during the month) through dialogical communication that avoided placing my patients in precarious situations . Giving up a nice secure comfortable job near home in place of learning within a wider community of learners. Tracking every open door where my dialogical contribution will be more contributory in the long run, decisions of giving up a place of significance and thus I lose all the meaning for which I went into it in the first place. When my body would dialogue with me that I needed to listen because it was already being abused by none other but myself. That is, I realize, what was more important to me than even reputation or image. And the meaning I always found in learning , learning through experience.

But one thing this study showed is that experience in itself, if not reflected upon , will not be learning, or at least we cannot optimize its impact, and experience when reflected upon is double, triple the learning. What this tabulation shows is the insidious and gradual shift or progression from clinical realm to bigger realms of academe and social systems . Many are thrown right off in one without experiencing the others. It is a richer path in terms of experiential learning that one can impart. The level and scope of influence is enlarging definitely, but the dialogical spaces which necessarily mean different sets of stakeholders to deal with , also change, and the adaptation may unsettle or dis-equilibrate one if the necessary orientations and equipping are not set in place. I realized how difficult it is to enter a new culture alone. The politics and dynamics can throw one off-balance especially if one is a total stranger to such socio-cultural

context . But learning is both positive and negative. If we are coming from a good intentionality, all experiences become redemptive .

DIALOGIC NARRATIVIST APPROACH

Figure 4. Dialogical Study Framework of Lived Experience of Medical Praxis (Sigua, 2020)



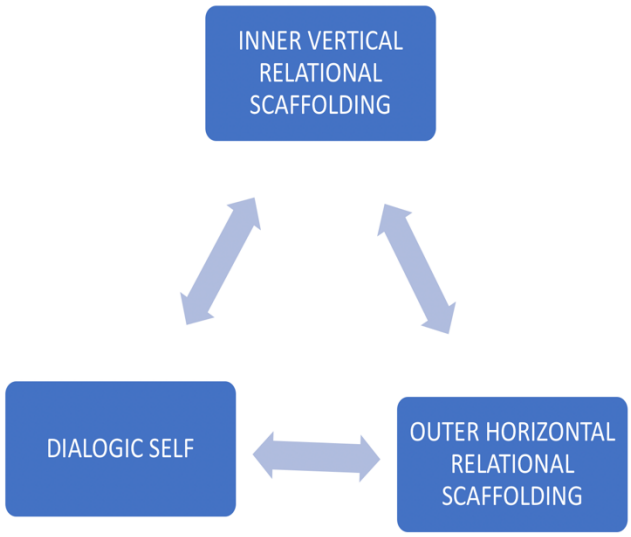
DIALOGICAL SELF

The big roles of reflective dialogues both with a Higher Being and spiritual self. The uniqueness lies in the self's ability to interact like a living soul with the divine (as in when the self 'hear' God's voices not only from the Scriptures but from many avenues that when done on a daily basis are very self-constructive in terms of identity both in the micro and macro positioning of the self . The self are mental cognitive information processors who seem to act on the basis of cognitive rational decisions. I have never self-monologues much than during this dissertation . Depending on the sense of self, this can be a strength or a vulnerability. It may undermine the dialogical capacity in the roles of practices as sites for self-construction . Buber's Thou is God, and prayer is the internal dialogue which gives a reconciliatory mechanism for self, others and God.

Spheres-stakeholder-based become more aware of the relationships of my relational dialogical scaffolding. I analyze as well that I use a kind of unique scaffolding than what is found in literature, but is consonant with the theories, although not as explicit or biased as mine. My worldview is mainly coming from my Christian faith grounded on the Scriptures. As I went through this, learned, my perspective has merely grown

INNER DIALOGIC (RELATIONAL) SCAFFOLDING

Figure. 5. The dialogical scaffoldings of my lived experience of medical praxis.



but deeper and more grounded, but I was more than ever validated. Multiple role navigation is impacted by dialogical scaffoldings. First to recognize is the presence of a relational scaffolding having the dialogical self as the axial point. It can be seen in many parts of narrative that the existence of vertical scaffolding as an enabler , the important role of the Infinite Other as a super addressee emerging in dialogue and underwriting the notion of a reason that can transcend specific contexts. It impacts both major crossroads and minor choices . There is also the understanding of dialogic from the context of personalities in dialogue to include the broader and more generic dialogic relationship . In both vertical and horizontal scaffolding, the basic trust is very much operational, mutually in all my relationship-building. I would differentiate prayers from internal or self dialogues, which both serve me right . Factors affecting my being dialogical: My 3 dialogic trajectories: Vertical (transcendence, resilience,

empowerment) Self (gender; reflectiveness)and immediate family---voices Horizontal (stakeholders: patients, student , colleagues, public I can find integration in myself yes, and I need to , every needs to, but I externally cannot find peaceful positioning with a very pluralistic world without shifting my paradigm. I still find discrepancy in the way the theorists view The Infinite Other, but at least they were accommodating enough to give leeway for others from different orientations and backgrounds to interpret it the way they want it to. For me, the Infinite Other to me remains to be God of Christianity because it is the most meaningful relationship-based, role-modeled, demonstrated dialogical scaffolding that enables/reinforces the horizontal scaffolding (self and others) .

DIALOGIC RELATIONSHIPS

I present this in a hierarchy of personal importance.

<u>God-Doctor Relationship</u>

My belief in God is not a form of religion but a very personal dialogical relationship . I have always considered my spirit since youth as a distinct dimension of my being in the same manner my mind and body is. This is anchored in the belief that human beings are created originally in the very image of God. I have viewed this relationship the most supreme, and my highest anchor for decision-making on a daily basis that permeates every area of my life and all other relationships and spheres where I move in. This is not religion, as true spirituality can embrace any religious inclination and still

be true to one's convictions . As for mine, from the time I was 'considered I underwent a spiritual rebirth, I have always believed that I was created in the image of God, therefore I have been a tripartite being like Him, with a body (Jesus), a mind(Abbah) and a spirit (Holy Spirit). The adult learner is a spiritual being, and to me my medical praxis is a sharpening of the spiritual Helen. I was born with and grew up with my emotions, the biggest part. Then I developed cognitively and behaviorally through my dialogic interactions with people, places and events. But to develop later on spiritually me was to develop functionally, sensibly and socially. All literature is talking about power plays, especially the critical tradition, even about gender, etc. To me, life quest is about a consciousness of a higher Power that interacts with the dialogic self. The powerplay is between me and a Higher Being, not between me and other human beings. This Supreme Being I believe orchestrates everything that happens to my life because I have let Him to have the top control . He is the One that supplies me with the power I need to perform my duties as a physician in every sphere according to the roles mandated to a physician in diverse capacities.

Doctor-Self Relationship

This is a distinct inner dialogue from the prayer utterances with God-doctor relationship . Having a mature self is in itself a recognition of self as a distinct person who deserves own nurturing, attention, and compassion. The dialogical self is the core that goes micro and macro , the centering device, the control center. This is about journaling , of weighing the pros and cons of every critical decision, during moments of

critical decision-making, of determining the right mix and balance across different spheres of involvement , of determining at any given time the right mix of people, places, and participation., when I need to assimilate varying perspectives, and whenever my own self-confidence radar is on a red flag.

Doctor-Patient Relationship

My relationship with patients has been an area of strength. I could easily identify with my patients because I would make the clinic encounter very conversational and flexible as to content and time. It is both a combination of my natural warm self and active listening skills. We are trained and I teach in all levels from the undergraduate to residency. Presence and empathy are imparted , most especially among mental health patients. This kind of patient relationship transcends the patient and embraces their families and other stakeholders in the clinical encounter so that the rapport is well cemented and enduring and the resources networking is seamless.

Doctor-Student/Trainee Relationship

This is sad considering that the mission of academe is trifold: providing service, education, and research. From the free-flow recall, I saw that though I did not seek to be in the academy, it was fate, and probably in my blood, tested by my passion and persistence in the years that followed, my inability to give it up despite the struggle of combining it with clinical practice. I idolize my father (and subsequently my husband) as teachers in their respective fields . As I climbed the ladder , so to speak, of academic

authority in medicine, my external voices were becoming louder, and more, more defined, more focused, more integrated, more complementary, and more dialogical. We moved through the continuum of the preventive to therapeutic , from voice of a patient to voice of a doctor, from doctor to transdisciplinary collaboration, from social injustice to human rights law in mental health, from voice of God unique self , from hermeneutics to qualitative research, and so forth and so on.

Doctor-Public Relationship

My advocacies are usually in medical missions to more marginalized populations and those that occur in quad media (radio, TV, social media/internet, print). The opportunities, even in the new normal , for a dialogical physician to make a difference and reach a wide range of audiences. Acquisition of advocacy skills for doctors is complex, longitudinal, inter-relational and collaborative. discusses the profile of an INTJ which is my Myer-Briggs personality profile, how they make great social advocates. talks about patient-directed and social . Everyone needs the basic facilitators of a healthy life: adequate food, housing, warmth, education, and safety. I tend to simply patch up those who are sick or harmed by preventable disease .

DIALOGICAL SPACES/SPHERES

The structure of awareness (Appendix 1) shows the different dialogical spaces I navigate and traverse in all the 3 spheres. Now they have shifted to the social sphere and am embracing the new normal. These are again circumstantial and health-related.

From the narratives it shows that I make full use of my dialogical spaces, both real and virtual .

Figure 6. Dialogical spaces of the self (Olson, et al 2014)

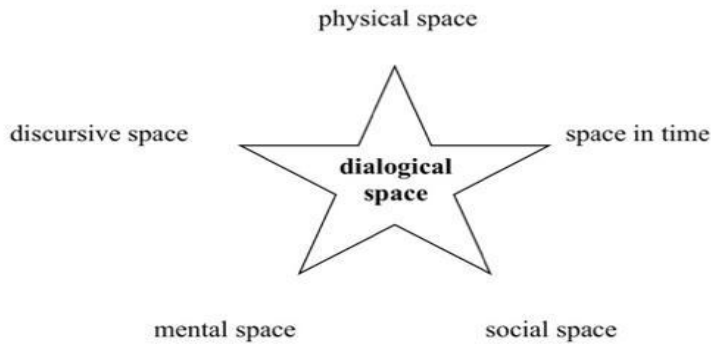


Figure 1. Dialogical spaces.

The vertical relational scaffolding is a unique finding, and is considered to be a stabilizing structure as the spirituality is considered very relationship-based with the divine, expressed in all spheres of engagement.

	THEMATIC FIELD	THEME	OUTCOME
Vertical	Scripture reading Prayer	Listening to God's words to be applied in the relationship	Empowerment to love others more Self-understanding Transcendence of self and external barriers/ things

		Venting out to God what can't be said to another	outside one's control about the person
Self	Reflection	Self-talk Listening to many voices	Self-expression, integrity, respect Individuality Confidence for voices Sensitivity to the other Kindness to self
Horizontal	Fellowship, collective worship & learning about God	Values talking Roles talking Creating artifacts Being attuned to voices of others	Reaching common ground Value and knowledge co creation Collaboration empathy

Table 4. Dialogic/ Relational Scaffolding

The next table explicates on dialogical behaviors extracted from the events of my life across the 3 spheres based on the data gathered and juxtaposed with revealed points of strength and vulnerability as reflected upon . Being a typical INTJ by Myers-Briggs Personality Test, something I got self-aware only in the recent years.

MEDICAL PRAXIS DIALOGIC BEHAVIORS	POINTS OF STRENGTH	POINTS OF VULNERABILITY

Thinking	Critical thinker, thinks fast, whole-picture	Speculative
Responding, connecting, listening	Interactive, accessible, relational; Transparent	Over/hyperreactivity Emotionally sensitive
Reflecting	Introspective, discerning	Busyness
Learning	Passionate ; experiential; patient	Lack of techy-ness
Caring	Nurturing; affectionate	Over-expectation on others
Stewarding	Has foresight and creativity; resourceful	Over-trusting
Team-playing	Collaborative	Impatience

Table 5. The dialogic behaviors versus points of strength and vulnerability.

DIALOGIC VOICES

This is where empowerment of dialogic self lies. There are voices from others that come from both inner and outer of the self. They may be from the past that persist in your memory because they carry meanings to me .Voices can be separated from people, as perspectives. Perspectives originate as voices personified. But they carry much impact when personified, especially if the person has much credibility. The voice

reflective of practice reveals that personality weakness and strengths can be impacted positively by the identified voices. Voices are empowering. Voices can be deliberately made to dialogue with each other. Voices from inner including religious/spiritual scaffolding, spiritual is an inner add on spiritual strength to knowledge, meaning and understanding. Voices from doctor to social advocate become more elaborate, needing the confidence and to transcend self. There were instances when I mixed up inner with others voices . Many things we repress in our consciousness because they cause us pain. When we have capacity for dialogue, I would process my negative past experiences faster so that they stop from affecting my emotions and have an impact on interpretation, even in later life. The voices also imply who the people that I wanted to surround my life with are the people that I could want to dialogue with .

The voices recognized and categorized were in line with and validate the trend of analysis from the vignettes. In extricating the voices, with the subject very dialogical internally and to a limited extent, externally due to my being inherently introverted, I rise up resiliently from life challenges both physically and emotionally. In the 3 spheres, the voices were in themselves very dialogical, but would want to even further improve them. The learnings and changes in perception undergone through this work helped a lot in recognizing these voices, as we can see there are nuances from the voices expressed in the 2 data sets but more or less resonant, sometimes overlapping. The overlaps are interpreted to be those where most meanings are treasured. I perceived a sense of greater control about which voices to modulate after being made more aware of her weakness points and strengths .

Practical questions to discern how to discern voices: Does the source evidence character/integrity? Does it evidence wisdom and understanding? Does it inspire? Does it help me fulfill my life goals? Does it evidence intellect and knowledge? Is it a role-model? Does it speak of love?

I analyzed my self-data per sphere using the voices recognized and matched them. It is worth interpreting each sphere , though, for the sake of containing its respective essences, without the rest. For each sphere, the data items used for interpretation not only from the data sets as written in the results, but also triangulating narratives placed in the Appendices 3).

DIALOGICAL VOICE MATRIX	**MY VOICES**	**OTHERS VOICES**	**DIALOGICAL SPACES IN THE NEW NORMAL**	**DIALOGICAL RELATIONSHIPS**
CLINICAL	Voice of God Voice of patient Voice of family Voice of prevention Voice of trust	Voice of experience with illness, loss, tragedy, pain, disability , injustice Voice of presence & attention Voice of unique self	Telehealth Mental health counseling quad media	Patients Clients
EDUC ATIONAL	Voice of God Voice of students Voice of Books Voice of those hungry for co-learning &	Voice of Dialogue Voice of Creativity Voice of Qualitative research	Academes Book Writing quad media	Students Academic Administrators Leaders of organizations, both healthcare and non-health

	self-improvement Voice of Phenomenology Voice Hermeneutics Voice of reflective practice	Voice of prevention		Healthcare professional colleagues General Public
SOCIETAL	Voice of holes Voice of co-creation of meaning, value & hybrid knowledge Voice of inspiration Voice of human rights	Voice of God Voice of the general public Voice of complementarity Voice of family, friends, mentors Voice of transdisciplinary collaboration	Speakerships in all disciplines , glocal & quad media NGO on Integrated Mental & Spiritual Health Medical missions	Humankind, regardless of race, esp marginalized & vulnerable Center for Dialogical Praxis

Table 6. Voice Themes Matrix : My Valued Themes vs. Attuned Voice of Others

The first round of free-flow recall gave a glimpse into the ontology of my being a doctor, which gave the flavor of some form of heroic "*hanguin sa kahirapan* " sort of aspiration that I had as a naïve child. Of experiencing how it is to lose a much desired sibling that I waited so long to have , and of significant others , my own mother experiencing all kinds of illnesses. A notion that turned out false in my adult life: being a doctor does not at all save me from that plight, in fact it became worse in that sense.

With the kind of stresses I was putting myself plus my genetic predispositions, it gave all the validity and legitimacy and purpose to it. Otherwise , I would not be around surviving and writing like here and now. The second round of reflection, the structure of awareness, put the practice in context. It was the place where the practicum and application occurred. And therefore all the reasons I was out attending conferences, being away for a job 8-5 PM M-F , doing social advocacy projects on the side honed and sharpened me , as medicine is a lifelong learning, very dynamically changing especially in this digital age. My patients too felt positive that their family physician did what I was pursuing and took pride in it, thinking and presuming this makes me not only informed and upgraded but ethical as well.

My almost 40 years of community-based clinical practice doing radical primary care in various sites around an urban poor area later subjected me to risk as this would necessitate me driving alone even in unholy hours . This developed my originally bold character enough to be willing to accept work even in distant places. It was not that easy for family physicians , literally from womb to tomb, from fertilization to reincarnation so to speak and everything in between . I needed to do judicious collaborative practice with other specialties. It brought me a higher level of awareness, like it absolves my guilt in being away. But I compensated by being on call 24/7. I made my own way of being accessible, open as I trusted my patients and vice versa. I never wanted to lose their trust and confidence, the meanings revolved around this trust. The empathy and presence I emanated came from me coming from where they were mostly coming from. I understood their language and idiosyncrasies. And I easily forgive

whatever shortcomings emanated in our interaction. My own personal experiences drew me in a personal way to theirs and the resonance would inspire them . At times, it was easier to take the shortcut , when encountering conflicted, stress-causing situations tempted to take shortcuts to gain control rather than follow a dialogical route but those were where I learned my lessons most from.

CURATED MEANINGS AND VOICE THEMES ASCRIBED TO MEDICAL PRAXIS ACROSS 3 SPHERES; CLINICAL, EDUCATIONAL, SOCIETAL

Based on the 5-stage data collection done, there are 5 curated meanings which will be the meaning constellations or typologies that the interpretation will revolve around in. In succeeding Tables 4-7, I have tabulated how the extracted data synthesized and integrated along dialogical themes from the narratives as words/text signifiers (repeated and with particular intensity), extricated voices , and acts/behaviors in the narrated events of life that are common for all the spheres . For each curate, it brought to remembrance some unforgettable transcripts, some of the most difficult, most recurrent pivotal and transformative conversations I have had in my medical praxis, both internal and external, both horizontal and vertical, not because they were impressive , but because they speak of the bigger social realities . I have rewritten them in transcript form , also based on the stories mentioned in the narratives, but put in a condensed form.

Curate 1. " TRUST-BUILDING" .

	CLINIC	ACADEME	SOCIETY
Semiotic (Text Signifiers)	"Mother" "Presence" Openness Empathy	Credibility "Nanay"	"Totoo" "katapatan"
Voices	Listening to voices of the hurting & the sick Psychological safety Deliverance from fears Voice of love Voice of forgiveness	Voice of the medical teacher & mentor Voice of intuition Mentor's voice	Voice of Ethics Voice of miracle Voice of faith
Behavioral Act/Events	24/7 availability Virtual medicine Flexibility in time Enduring patient relations Judicious care	Sacrificial teaching Enduring patient relations Learning behavior	Risky med missions Connecting team-playing behaviors Crisis debriefing Counseling Book -writing Blogging

Table 7. Interpreting "Trust (building)" as a Valued Meaning in Medical Praxis

Doctoring is a big matter of trust. Trust is an emotional thing. In Filipino, it is about *magaan ang loob.* Sometimes others build on this as *kahiyangan*, a kind of bond and preference beyond explanation. Trust is a very primitive phenomenon not only characteristic of humans but even of animals, a survival reflex. During these times, it is hardest to trust just anybody. Most difficult when I was a victim of the most horrible

crime I never thought could happen to me. I am very trusting of my relationship with my patients. I even give ambulance service to the mothers who are in labor if necessary, 24/7…

> *Patient (phone): Doc, do you remember me, nanganak asawa ko sa inyo noon…nasundan po agad…mukang manganganak na po si misis…*
> *M: Para ngang pamiliar boses mo sa akin… bakit di nag prenatal si misis ?*
> *P: Dok, taga dito lang kami malapit sa klinik mo …wala po kami ngayon doc, sana matulungan ninyo kami…*
> *M: Sige tingnan ko muna siya…*
> *P: Doc, hirap na siya, pwede mo ba kami daanan lang, mag-aabang kami dito sa kanto …on your way lang..*

This person turned out to be an impostor. I was victimized by robbery extortion-- a nightmare that took a decade after I recovered. And yes, not fully. What was odd with me was that despite the trauma, it was not this one that made me ultimately give up my community-based practice, rather it was the call for the highest calling in the academe. But it was my toughest lesson on trust. Trust is a matter of life and death. Even those we have trusted for so long can betray our trust. And so when people show their utmost trust, I reciprocate it by an equal amount of accountability and sense of responsibility. It is hardest when you have to entrust your own life and the life of your dear one inside your womb. A product of your relationship with your most treasured life partner. Nothing could be critical. Especially when it is the whole family that is your unit of care. Labor watch is an intense time of waiting, anticipating, but something we can only support , cannot be rushed. Allow it to take its own time. The trust of my patients is the one last thing I would want to lose, even if it means losing other things about myself. Being part

of the most treasured milestones of many families was most meaningful especially after many years they come as one bunch from a distant place. When they still buzz me to update me after 2 decades with my grandchildren, the children of their children , when they still want me to deliver their next baby after a decade. I value it when I also become the pediatrician of these children I delivered , when the babies seem to time their coming out when I had to be gone. when I would counsel them through the identity crisis of adolescence, when I have seen by this time that some are now lawyers, doctors, and great professionals. Redeeming my high risk delivery and stillbirth of my lost little brother by delivering 400 babies in 20 years of my community-based primary care practice.

When Daniel , the Nigerian medical student (now a doctor) recognized the figure of the man holding up a child in his arms, it was most meaningful to me that in my talks I always tell that story. In our yearbook, I said, " delivering babies is one thing I could do till old age". The birth process is a matter of faith. To trust in a new environment, to trust that there will be people and things that will help us adapt, that we will in no way be lost, by nature, that we can swim out and make the first breath of life, not that it was the first life we had. Touching the baby in my hand, and ushering the baby out, with the velvety pink skin, put the baby on the breast for the baby to hear the heartbeat of mom, and watch the baby go calm because the baby trusts the heartbeat. When I allow the husband to be the patient's anchor in bearing down. When mothers recover as quickly as their first colostrum feed. When they grasp my hand and say "Thank you Doc" .

In church, I got myself involved in pre-marriage counseling. I co-authored a book on different stages of the family cycle in the Philippine Family Medicine Textbook. I always gave my patient the *malasakit* they all deserve. I did not give anything that I myself have not experienced --medicines, interventions, insights. I decide for them like how I would decide for my own loved ones. Childbirth is full of critical decision -making at each step. The longitudinal care that a family doctor enjoys is awesome. To support them intrauterine and extra-uterine. To be able to pierce their ears, and circumcise them, usher the entire family into their precious milestones, give their vaccinations till age 10, to counsel them during their adolescence, to be the *ninang* (godmother) of the children and enjoy them through different generations were all priceless rewards.

But there are things that happen that are beyond the control of any doctor. The most hurting and traumatic experience I had in practice was to lose a mother after giving birth to her first child . Preserving the trust during these times is indeed only a miracle. When trust is earned, it is not that easy to crumble. Dialogues that reverberate in my memory…

Gigi: Doc, gusto ko kayo pa rin magpapaanak ng kasunod ni Patrick?
Me: Ilang taon ni nga si Patrick?
Gigi: 12 na po, Doc…Di ko. po akalaing masundan pa.
Me: Ilang taon ka na?
Gigi: 48 po.

Jenny: Hihintayin kita , Dok? Matagal ka pa dyan sa US?
Me: Ibinilin na kita kay Dra. Ancheta, kung abutan ka na wala pa ako. Kumusta na ba? Wala namang problema? Magalaw na naman si baby? Arriving next week.
Jenny: Ok naman po. Napa Kalikot po. Minsan parang nagta-tumbling sa loob.
Me: Naku, sana hindi umikot, mahirap ma -CS, kung kelan pa pangalawa.
Jenny: Oo nga doc, kinakausap ko gabi-gabi…Ingat doki.

Honoria: Doc, di ka namin makakalimutan… Doc, pinagalitan mo pa nga anak ko kung bakit late na nadala apo ko (after 22 years)

Me: Naku, ganun lang po , parang kapamilya lagi hehe
Honoria: Tinuturing ko pong napakalaking utang na loob ang pagbuti ng apo ko noon, kala ko kung paano na siya. Ikaw ang nakakapagpagaling sa kanya…
Me: Ang Lord po nagpagaling sa kanya, Nay. Pasensya na kayo sa katawan ko , na na appreciate naman ninyo pala hehe

I have practiced long enough to encounter many parents though who were not happy to be parents.

WH: Doc, my daughter really cannot have this baby, please help us. At all costs, doc…please.
M: I'm sorry, I did not study this long to kill an innocent life.
WH: I don't mean to disrespect you, Doc. It's just that you have been our faithful family doctor that we can run to. Ikaw lang talaga matatakbuhan namin.
M: If I help you , para ko na ring pinatay sarili ko. I myself could have been an aborted fetus, but by the grace of God, I even became a doctor. So probably , God has meant it for a moment such as this.
WH: Thank you, Doc. Pag-usapan po naming ng pamilya.
M: Opo, listen to your daughter din po bago ninyo isipin ang kahihiyan. Huwag ninyo siyang pangunahan.

I earned my patients' trust because they see that I was not after their money, that my principles and values take the highest seat. This grandmother came back to me after a year thanking me for my firmness and how the entire family takes joy in having the previously unwanted child. The youngest I delivered was 14 years old. Two years ago she messaged me , she was able to trace me and identify me. She was again pregnant and wanted me to deliver her next baby after 10 years. I have counseled pregnant teen-age girls ; teenage pregnancy is becoming rampant these days, part of the reason is absentee parenting, increasing media exposure. Being a doctor is strategic. If we are not armed with the right amount of fortitude and values, we could easily be absorbed by the system that usually desires solutions regardless of integrity of conscience. I am always compelled to be a voice where no one or very few are standing up for, even if I sacrifice the financial gain or loss.

Not only did I see the importance of family cohesion impacting milestones . Even in circumcisions we have poignant stories. Funny stories of the fathers being the ones collapsing at the sight of blood of their sons during circumcision. Every summer , young boys will line up , like 10-15 of them a day. Or I would join circumcision med missions where we would be able to do up to 100 a day. One very memorable story was this:

M: Hi, Am Dra. Helen, what's your name, hijo?
E: Erika po.
M: Oh, hi Erika, who are you with?
E: my BFF, Angela…
M: That's great…friends are great, right?
E: yup, all my friends are japayukis…
M: Where are your parents?
E: my dad works in Saudi…my mom has left us…my lola gave me 500 pesos for my tuli.

M: Sorry to hear that ulila ka na pala…but love your lola for being there…please come here and we will talk more about that, ok, for now, how do you feel now coming for your 'initiation'?
E: sbi po nila masakit…
M: alright, I will tell you why it needs to be done first…then I will tell you exactly what I will do step by step so your fear will be lessened , so that pain is very much reduced as well as the bleeding, ok?

Educational Sphere

As an academician , I earned and preserved the trust of my students and colleagues , as they saw the sacrifices I made , in haggling both teaching/administering and clinics. But I loved both, and I felt that each one reinforced each other, and neither did I want to give up any of them. Not even tragedy made me leave my community-based practice. It was only my first invite for a deanship in the far North for which I needed to fly that made me totally say goodbye to clinical practice , i.e. renting a venue and paying up employees to man it 24/7. Even if I did that, both stakeholders understood. A good part

of these were consultancies and research works, and relentless professional distance education.

Societal (Governance/Advocacy) Sphere

Serving the urban poor communities of Metro Manila—being trusted by their families, going to post-disaster medical missions gave me the contextual perspective of health. Public/systems/ organizational trust is so difficult to gain yet very easy to lose, so it needs utmost preservation. Communication skills are very much critical.

Curate Meaning #2 : "NURTURING"

	Clinic	Academic	Society
Semiotic text signifiers	"Dependence" "Growth"	"Mentor"	"Change" "Systems"
Dialogic voices	Voice of family Patient care & safety	Student welfare	mental health Advocacy for Environment IP voice
Behavioral acts/ events	Doctor -patient encounter Accessibility outside clinic Flexible time Commitment Birthing babies Community-based clinics Therapeutic behavior	Learner -orientedness Values-based teaching Commitment Birthing 5 medical schools Student prefect -8 yrs Responding, mentoring	Sacrificial Transformative healing Whole-person approach Values-based teaching Faithfulness Stewarding

Table 8. Interpreting "Nurturing" as a Valued Meaning in Medical Praxis

Teaching is not about replicating ourselves or breeding, it is about nurturing knowledge, values, creativity and growth. It is nurturing a strong sense of self, from which the student constructs a solid foundation to take risks and develop decision-making skills.

Doctors are both mandated to care as much as cure (sometimes even more) because not all diseases are curable. But it is Family Medicine oftentimes that has this forte of navigating chronic and terminal illnesses with families of our patients. And I did home visits, which most doctors don't do anymore these days….

Sarah: Doc Helen, daddy is diagnosed with pancreatic CA and given 3 months…we were sent home…
Me: Ohh, so sorry to hear that, sis…
C: I can't stand seeing him so helpless like that… Do you do house calls?
Me: I understand…where do you live?
C: Susana Heights, Laguna…quite far from where you are..but I can have you picked up…and sent back
M: great…does he know he has cancer and his tanning?
C: No, I don't know how to say….and not sure if he himself wants to know…sometimes I feel he knows, but he doesn't want to face it…
M: How do you want me to handle it when I talk with him?
C: Di ko rin alam ano dapat..bahala ka na….

Father: Thank you for coming…
M: Good morning po, Daddy…mano po… kumusta po pakiramdam ?
F: Salamat sa dalaw…eto, di na masyado makagalaw…wala ring gana kumain…
M: Daddy, ano po alam ninyo sa sakit ninyo?
F: Feel ko di na ako magtatagal…
M: Sinabi po bai to sa inyo? Sino nagsabi po ?
F: Pinauwi na kami, so indirectly, nakuha ko naman na wala nang pwedeng gawin…
M: ganun po ba daddy…pero meron naman pong pwedeng gawin para maiwasan ang pain…
F: Salamat…salamat…
M: maliban po sa support at check up check up ko sa inyo…meron po ba kayong pag-usapan, meron po ba kayo mga katanungan?
F: di na ko makaisip masyado…inaantok lagi…
M: I see….hmmm….meron po ba gustong gawin? Or meron po ba kayong mga taong gusto pang makausap?
F: wala naman na, naayos na lahat…wala naman masyado dapat ayusin pa…
M: Mabuti naman po…sige po ok lang po ba pag pray ko kayo?
F: ok lang po…
M: matanong ko lang po…is there something you look forward to in the coming days? Na pwede nating I pag pray?

I have had many unforgettable father patients. One even visited me in my dream 3 days before he died at home of liver cancer. One was a retired general who spent vacation in the Philippines who wrote me letters of gratitude simply from the way they were attended to even within a short period of time. Fathers are usually evasive of doctors, why I valued having them around in the consultation scenario. Fathers may be so easily accepting of their fates, more than doctors perhaps, My father kept on saying if he lost his eyesight he wanted to die. And indeed I fought hard to extend his life by choosing between it and keeping his right foot, beyond what he wanted . In the end, my father got what he wanted. My parents , my own caring was tested. I cared for both of them as a physician, co-managing with my kind colleagues. Despite their genetic diseases, they lived full lives. Other than giving them their dreamhouse (when I learned that it was my father's dream to live in the house where he grew up during his last years, I built it even before building ours. I brought them to our own house to live with us during their most intense times of suffering. The privilege of being able to nurture them the way they did when I was growing up , when I was in pre-med and med school gives me a full-circle feeling. The struggle to lengthen his life…hearing the patient's voice. When my father died and the Pastor gathered us to pray…it was almost bliss hearing my own son praying "I will take care of Mommy and Daddy the way they took care of Tatay."

A lot about nurturing is about listening—listening to what they are saying and are not saying. Persons that are great listener role models are my eldest sister, the one who

shared with me about a relationship building knowledge of God, and my husband-engineer-pastor. My sister was a polio victim but who transcended that disability like the world never knew she had one. I could recall my father doing everything so that her affected limb would not be shortened. She led a very fulfilled life. My husband was also a self-made man , who is my constant and forever dialogue partner.

The one who taught me the most about nurturing was my own parents. My mother gave birth to me at home even before the midwife came, who was named Helen. She confessed to me how she attempted to get rid of me because of poverty and the fear of not being able to sustain me with the 2 toddler siblings . But she made up for that by breastfeeding me for 2 years, the silver lining to it. Something that led to enduring bond. She always motivated me by saying because I was born during sunrise , that I would have a bright future. I could recall how she brought me along as "*saling-pusa*" in her classes. My father told me stories as I would massage his back by stepping on his spine (perhaps that was most primordial of my healing touch). My father nurtured my eldest sister who was a polio victim such that she led a life without disability. When there was an offer for a job in Australia as a family physician, I prayed to God, to lead me to the best decision, and stop it with His Hand: my mother had a stroke. I took it as a sign I should not go. I found myself driving that NLEX by myself , giving instructions to the doctor on how to manage, bringing her back for CT scan to be done to locate the brain hemorrhage. The temptation was great : family practice is not supported by our government the way it is in most countries. I was able to be at her side, to be the one to

cut our umbilical cord. Mothers may hold our hands for a while, but our hearts forever. My most fulfilling accomplishment as far as payback to my parents is not giving them their dream house, but giving them the care and companionship they needed when they needed it most.

Educational Sphere

The experience of serving as Prefect for Students for 8 years in several pre-medical and medical schools indeed honed my pro-student stance. I advised them hands-on from first year till they became full-fledged physicians. Sometimes I would jeopardize my own position , but to be part of their sharpening and character building was something I believe is priceless.

Societal Sphere

I have been part of health organizations, both government , private and NGOs, of many faith-based medical missions, thus covering the spectrum of grassroots and high-end elitist primary care concierge groups. I have served through levels of clinical to educational to policy-making. Nurturing is about seeing the whole picture, to do systems-thinking. Relationships need cultivating, not the outcomes. We need to see beyond our own interests. What I find hard to deal with is bad politics. I hated the feeling of simply not being valued as a person, which gives me the feeling of being used . That I could attribute to my own failing to be dialogical enough to argue and clarify where I stand, thus I had the tendency to be misinterpreted.

CURATED MEANING # 3 "REDEEMING"

	CLINIC	ACADEME	SOCIETY
Semiotic signs	"grace" "vulnerability" "mistakes"	"life" "learn"	"ethics" "value"
Dialogic voices	—paying forward Patient safety Voice of balance transcendence	Re-learning Un-learning Redeeming ignorance Right and left brainer Whole person approach Dialogical medicine/practice	Re-learning --back to basics Voice of fellowman—paying back Complementarism Unity, harmony Collaboration Human rights
Dialogic acts/events	Family illnesses Salvation Many post-grad Distance learning, local and abroad Reflecting behavior	Resilience –still willing to sacrifice despite past tragedies Lifelong learning behavior	Doing acts of good business and service Forgiving- for being abused, broken promises Ethical behavior Speakerships Projects

Table 9. Interpreting "Redeeming" as Valued Meaning for Medical Praxis

Counseling in mental health is mostly about redeeming what systems and social determinants have destroyed and limited in those who are helpless. A lot of listening to their voices. And being several voices. I use my voice as a parent, as a spouse, as a daughter, as a fellow Christian, as a victim, as a patient. And many of these scenarios

didn't occur within the four walls of my clinic but could be in unexpected places, like a person who shared a place abroad during one of my conference trips .

Me: Anong nangyari? I almost did not recognize you seeing you like this?
Sofia:: Didn't know either…
Me: Are you still employed?
S: No they terminated me
M: For what reason?
S: M subordinates complained about me not doing my work as supervisor..
M: That must be devastating …
S: I have been very successful in Pinas …how can I not deliver?
M: I know…what have you done to fight your case to the top?
S: They believed them, not me…doc, I have STD, where could I have acquired this?
M: You need to have your husband undergo examination too
S: I need my job to send to my daughter studying in Europe, she needs at least 1500 USD a month for her living expenses even on scholarship…my husband is TNT…my daughter nurse cannot still find a job…
M: You need psychiatric help at this point…you need to sleep…I can't prescribe you that…
S: My visa has expired…
M: Then you need to explore your options…first, you need to have a confrontational talk about your financial burden you all shoulder upon yourself…reassess your stakes of staying here or going back home…
S: We are doing so well back home…but we want to gamble on getting our green card here…we have invested so many years…and it might be coming…
M: Also, you need to talk about the STD between the two of you
S: Yes , doc, we are ok…he has confided that when we were physically separated, before he joined me here, he would feel lonely and find solace in bars…
M: Have you forgiven him?
S: Slowly…not fully yet…our intimacy was never the same after I knew of my STD…

M: (Calling in husband, E, and talking to him separately)
E: We appreciate you being sent from heaven to us…Doc, though not intentionally
M: indeed…I have talked to J…her transformation tells us she needs radical intervention to save her from her plight.
E:Yes, doc, I am willing to do anything to put things right…
M: What is your goal in your relationship?

E: I want her to be happy…..How can I Show her that saving her at this point of greatest need is what matters to me more than anything?
M: You are at the right line of questioning…only you two can find the answer to that… May I pray for the two of you now?
E: Yes, doc , please…

Three years ago, I was invited to give an inspirational talk to doctors (physicians and dentists , old and young) in an international Christian professional organization. After my talk , a member of the large audience, a pastor and health practitioner, told me, " You know, you are a life-long learner, the best asset there is. " And when I myself got through near death experiences many times and survived, how can I not think of grace? How can I not think it was a Sovereign Being of a Good Heart and who has a parental

kind of unconditional love be the one orchestrating and being in control? How can I not be exceedingly grateful? How can I not respond and reciprocate only the same way?

Educational Sphere

Redeeming my own inadequacies. I would take on the challenge of learning what I do not understand, for as long as I have the neurons to do it. Learning is about redeeming ignorance.

Redeeming in medical praxis is….

Redeeming health…
Redeeming children
Redeem family
Redeem dignity

Redeeming indiscretion and mistakes
Redeeming lost time
Redeeming lack of integration
Redeeming guilt and self-blame

Restoring function in disability
Restoring healing in disease
Restoring meaning in illness
Restoring relief in pain
Restoring wholeness to the broken
Redeem harmony in fragmentation
Restore home to the prodigal ---H. Sigua 2020

Societal Sphere

Redeeming in medical praxis is about….

Restoring freedom in the oppressed
Restoring truth in lies
Restoring sanity in confusion
Restoring order in chaos

CURATED MEANING # 4 : **"STEWARDING"**

	CLINIC	ACADEMIC	SOCIETY
Semiotic (text signifiers)	"Invest" "Pay back" "Pay forward"	"invest" "gift"	"Proactive" "foresight"
Dialogic voices	Voice of service	Promotion prevention Voice of	Voice of Integration Voice of Spiritual stewardship Advocacy
Dialogic acts/events	Community-based clinic Family Missions to the IP Multi-role Managing own clinic	Deciding for Palawan because of parents' legacy MHA Academic progress	Serving taxpayers who sent me to medical school Medical missions DCOMM Transdisciplinary engagements

Table 10. Interpreting "Stewarding" as Valued Meaning of Medical Praxis

To use my giftings in my professional career or vocation to the fullest needs you being attuned to the voice of God . God has many voices, His Word, circumstances, of my life , voices of spiritual mentors, who walk the same spiritual path , has been most natural. It is my compulsion to always pay back, as seen in my desire to pay back my the taxpayers for my scholarship, my mentors who are usually teaching without compensation, my parents who patiently sacrificed that I have fulfilled my desired vocation and were teachers themselves, to God who orchestrated everything by going to unreached places , to the environment that nurtures the people. I have taught and

role-modeled prevention because in the long-run , it is essentially stewardship of health. I have empowered women by my multi-role functioning. It was the recognition that I am part of something greater than myself, and therefore I needed to network with others for the bigger task outside my fragile life.

My praxis intricately woven into my personal life as a woman has been an inner dialogue with God. I reconstruct the 'transcript' here:

> *Me: Lord, I want to be a doctor …. (1974)*
> *God: (silent; or I can't hear)*
> *Me: Lord, I am afraid, Kaka yanin ko ba? (1977) I have job offers for a psychologist…If I become a doctor, it will take 10 years at the least before I can pay back my parents…Ric also might not be patient to wait till we can get married…*
> *God: 1 Chronicles 28:20 (1981) "Be strong and courageous, and do the work. Do not be afraid or discouraged, for the LORD God, my God, is with you. He will not fail you or forsake you until all the work for the service of the temple of the LORD is finished."*
>
> *Me: Interpreting this as God's I believe and trust you, Lord…I will cling to your promise…*
>
> *(I became a doctor, practiced, became salaried, but ended up not earning. Investing in the lives of people is the most enriching path, most fulfilling. How practiced giving the least expensive PFs, and not running after them if they have debts. Treasuring their simplest tokens to heart. I always see the worth of investing in human beings. Even when I took up MHA, the greatest learning was in human resources. The challenge shifted from managing my own clinic to administering medical schools and going into medical missions, and to managing my ailing parents. Lord, thank you to be well then, for providing through the support of my husband.*
> *Lord.)*

After my praxis rolled out through the decades with all its upheavals….where my praxis has been a dialectical tension between caring for self and family and caring for others…that striking a good balance as a woman , and which I struggled fairly well subjected me to an enormous amount of vulnerabilities that demanded extraordinary resilience and sensitivity to personal identity and social positioning anchored on continuous construction, de-construction, and reconstruction of meanings and values.

Me: Lord, help me strike the right balance between my calling to my family and outside family…

LORD: Helen, aspire to be a Proverbs 31: 7-31 woman. (NIV)

Me: Yes, Lord…

The kids are growing up, I started with building my practice first at the garage of our house. When I was invited to the academy, my youngest was already aged 7. And so I did this for 7 years fully focused on community-based practice until I was invited by my professor to academe and the rest was history. When I lost some given salaried jobs, and met some tragedies, and my genetically inherited disease ensued, I did not anymore go back to practice, of receiving compensation for treating patients. I have shifted permanently to pro bono services. I used this time to also sharpen myself along my line of specialty , even as I got into the deanship challenges from one institution to the other, which took me totally away from operating my own and practicing my clinician-ship. But ironically, this was the time I experienced the harvest of my life dreams: of launching out my children well to responsible adulthood where their own giftings are exercised to the fullest. The ironies….finding my worth back in the home , caring for my husband in his work, God is the one compensating me in surprising ways. The paradoxes of life we can never fully learn, and many times , unless we step back, take stock and reflect, precious lessons from life experiences just pass us by.

Perhaps the greatest threat in me was losing not my life but losing my husband when he himself suffered his first heart attack, when I found myself attending to my own husband till he successfully did the stent catheterization to save him from an

instantly fatal condition. These were experiences I could say faith-induced miracles do happen as I saw the divine orchestration of events that led to a positive turn-around . I was not also spared of inheriting my parents' genes : thyroid mass of my mother, which turned out worse in me as if it was malignant in a very early stage, and diabetes mellitus . But despite all these challenges, I remain a steward by exercising still all my giftings, by not stopping responding to life's challenges, if only to express my gratitude to the Great Provider/Redeemer of Abundant Life, Who sustains me still. Thus, meaning-making never ceases. Being in the family of God and my own family is the very strength that enables me to reach out to heal my own self and other families as well.

Educational Sphere

I was fortunate to have been given the opportunity to brush with the brightest minds. Many of them are physicians and healthcare professionals serving the country and the world. I had learned the difference between managing and leading. Being a basic introvert and belonging to the baby boomer generation, my struggle is in efficiency in my technical skills. I am learning…slowly.

Societal Sphere

Here, my people skills are good except but a little weak in mobilization of resources, firstly human. I tend to slave-drive. But my forte is in mixing the right people and things. It is not life-work balance because balancing is indeed difficult to do.

More of having a good mix of things and people that work best and are there and are accessible for me at any given time. Things and people that are within my control. Not waste my time with those that are not within my control or authority. Decision making. Weighing benefits and risks. I grab every opportunity. Harvard , give up deanship. Help another medical school when one is stuck up. Go learn from a scholarship and give up a job where my position did not fit my credential. Giving up my practice when I was attacked in my clinic and went under threat by a criminal.

CURATED MEANING # 5 : "INSPIRING"

	CLINIC	ACADEMIC	SOCIETAL
Semiotic (text signifiers)	"heart" "discernment" "vertical scaffolding" "God" "faith"	"role model"	"conviction"
Dialogic voices	Voice of the patient Mental Health voice	Voice of example	Mental Health Human Rights voice
Behavioral acts/events	Did not stop clinic despite the repeat attack Counseling Community-based clinics in urban poor (primary care)—God's touch /Life Touch Music therapy Intimate, enduring relationships	Curriculum writing Family conference project Intuitive learning Values-based content Role modeling Inspiration	Willing to go to missions despite the past life-threatening risk Writing/blogging Public health Community engagement Interagency education Interdisciplinary collaboration

	Inspiration from God	Heart to give up important self just to teach & threat Despite not so good past experiences Mental health Intimate enduring relationships Giving up position when not treated as person (as perceived) or family is compromised Speakerships	Faith -based organization Church & Bible Giving up positions when not treated as whole person and self-integrity is threatened Speakerships

Table 11. Interpreting “Inspiring” as a Valued Meaning of Medical Praxis

Talking/teaching not only using head knowledge from books and mentors, but also from experience is the most meaningful thing that happened in my medical praxis. The highest meaning that can be attached to an experience is not learning per se, but being using that learning as evidence of God’s grace and empowerment to move others to the same meaning for themselves. And usually this is realized not during but after. It was the same power behind the dying on the cross of Christ. He as God experienced all the worst suffering and tragedy any human person can experience in this life, that’s why when I would converse with Him in private through prayer and medication , it is not only emotional catharsis, He understands the depths of my heart.

That truth was found in the dialectics, the paradoxes of life, and because of this, I could not attribute any glory myself for healing any one patient. The awareness that I

was just a tiny speck of the whole scenario of God's redeeming power. And this is my unique voice, after curating the meanings of my medical praxis. I have learned so many counseling techniques through the best (STFM), but the best still is sharing about the treasure they can get in them realizing their worth in God's kingdom as I did. It is most empowering, and not creating too much dependence on my own strength. In this way, it is not emotionally draining. And my counseling is kind of intuitive , random also, something I cannot explain sometimes.

There were instances when I felt I am spread too thinly that I could not totally focus on one thing. But what happened was it was God who put things at the right time at the right space through His own redeeming power. Like I feel I had many shortcomings with taking care of my parents, my husband, my children, my patients, my students, my colleagues, yet I would find myself in so many venues where it was God's orchestration to let me shine for His glory alone. It was not about life work balance but more of mixing the right elements that gave me my sense of meaning and purpose at any given time. He always enlarges my stakes, from local to global. I could not be privileged enough to have privileged an international gathering of Christian doctors and dentists from 81 countries, to make a difference in birthing a total of 6 medical schools all operational now and graduating thousands and thousands of physicians every year. Making a difference in policy making in research, in traditional medicine, now in mental health in the highest health institution of the land, in participating in international policy making in the region and the world. With this doctoral degree, and the learnings in this dissertation, it has brought me to various dialogical platforms with other fields and

disciplines of society. But my crown is the lives of people I invested my time , effort, and resources in, in various places.

I get invited to many platforms to inspire on several levels from students to colleagues from other specialties and fields. Last year I was attending a Leadership Training on Mental Health in Cairo, Egypt and we were doing a role play of counseling. My partner's eyes suddenly sparkled, and embraced me for a question that I threw that struck her like lightning and I could not even remember what I said. She stood up to embrace me . Months later, she sent me a personal message: " *I hope to see you always shining, giving and evolving. You have a lot to share with humanity and you know how to move people around and give a good word about the value of life and how to live it*." It is one thing to initiate trust, another thing to preserve it life -long , and another thing to strike a moment by saying words like "*apples of gold in settings of silver."(Proverbs 25:11*).

By God's grace, I have survived so many threats to my physical life : being a cancer survivor twice for uterus and thyroid, and also a diabetic on insulin. . Being humbled by my own experiences, point of deep heart sharing and connection. This is one reason why I leaned on mental health , the ultimate dimension of all health. They say there is no health without mental health. I have found it very precious because 5 of my credentials are aligned with it. Meanings are shaped by our values. Values are given via the vertical trajectory alone, via the right brain, our spirituality plane. Hearing great souls using their own experiences of vulnerability to be their point of strength—the power of stories. That even a suicidal about to jump of the cliff can listen to.

Jayjay: I want to die…I have no purpose
Me : you do have…you just have not figured it out…you have the way everybody has…the way I know I have a purpose being here with you
Jayjay : No one cares… my mind is so confused.
Me: If there is a purpose, there is a plan…and if there is a plan, there is a Designer.
Jay-jay : I can't think straight…
Me : You don't have to think if it makes you feel worse ; just believe…"Trust in the Lord with all your heart, lean not on your own understanding, in our ways acknowledge Him, and He will direct your path. (Proverbs 3:4)
Jayjay: How do you know, Doc? You have not been like me…you are too perfect
Me: No, Jayjay, I have had my own fears too. Even up to now. As long as we are alive, fear will be around.
Jayjay: And what do you do?
Me: I identify them…then I talk with them one by one..if you need me to do that, I am just here…

Not discounting other giftings of art, is the inspiration because it shows the work of the right brains---stories, works of art, music, sports, profession—hubby's painting; son's music; daughter's teaching special children; my creative writing. My writing and speaking voice ….even my singing voice to sing songs of inspiration Lifetouch inspirational. Being whole first in using our brains, for different cultures are just different parts of the brain representation. We need not be fragmented. We are meant to be other-oriented . This is what it means to heal a broken world. And the medical praxis is one very inspiring venue to touch people with His love.

In my 4 decades, I have realized that inspiring is different from motivating or giving hope. As Rudyard Kipling puts it poetically, "when your daemon is in charge, do not try to think consciously. Drift, wait , and obey." Inspiration awakens us to new possibilities by allowing us to transcend our ordinary experiences and limitations. It drives us to transform the way we look at our capabilities. It is perceived often as divine or supernatural, but Buber would talk about art as inspiration. Inspiration can be activated, captured, deliberately utilized to acquire important life outcomes. It springs from the beauty and goodness that precede and are presented to us and draws us to a certain

level of humility and grace. It is my very approach to life that makes me what and how I have become : I have confronted my weaknesses with potential, always open to new experiences, having a strong drive to master my work, without being really competitive with anyone but myself. It comes out not from lack of but adequacy of self-esteem and of optimism. It is found out that people who value inspiration have greater levels of spirituality, meaning, creativity , goal-orientedness, purposefulness, sense of gratitude, and transcendence . It is the well-being felt by you and others around you when you have done something good, something that is part of you, and sometimes, it takes something of you to realize it is there or you are that, like the realization that despite you, you are loved by God. Many times in my life God puts me in positions of leadership, wherein oftentimes I felt I had a lot to learn about communicating with people, so what I do is to do and to be, to inspire.

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CHAPTER FIVE

INTERPRETATION OF MY LIVED EXPERIENCE OF MEDICAL PRAXIS

This study aimed to have a glimpse of the lived experience of medical praxis and this is done through conducting a hermeneutic phenomenological analysis . This is unique in the sense that the study design is a self or auto hermeneutic, with emphasis on the dialogical prism.

The point of interpretation for any post-critical theory is to show the contemporary / meaning and truth of the work. It is to open the text or symbol of event for renewed engagement within the dynamics of current life' . This is the approach I used in this auto-hermeneutics and it has proved to be most attractive to me as it builds on the philosophy of understanding established earlier then moves beyond critical deconstruction to show how deeper, richer meaning might be established here and now for my lived experience of medical praxis.

At the core of hermeneutics is the act of relation and the construction of meaning within the professional praxis; it is conscious of the place of the agent in history and of the variable and multiple filters that characterize human nature. Ethical knowledge is not 'out there' but 'in here', as suggested by Heidegger. It is not a set of technical instructions to be applied to all situations, as many ethical codes would imply, but, Gadamer suggests, an aspect of 'being and becoming' . Warnke also explores

Gadamer's writing about advice-giving or advocating or even preaching as an ethical practice: 'ethical advice involves the same level of participation as one's involvement in one's own life. It is not possible to give sound advice unless one takes the situation to be one that affects one's own life and self-understanding' . This is a powerful perspectival statement if placed in the context of medical praxis, which as illustrated by my experiences, extends long into the public or societal realm.

The dialogical meanings typologies and dialogical voice themes reveal different layers and dimensions in the major spheres based on my unique experiential knowledge. Healthcare is a ripple thing. The spheres are enlarging but the principles are essentially the same. Thus the implication is that in capacity building we start nuclear. And this will take time. A doctor's patient goes beyond individuals: it can become a family, a school, a workplace, an organization, a community, a population. This is the way social determinants of health can be ingrained early in the minds and hearts of aspiring doctors in the ladder of medical education . This model may be used as a pedagogical framework for the 5-star physician. We saw early experiences and role models to ingrain good meanings in the human psyche. Thus reproducing and mentoring should take this into consideration. Teaching, research and social advocacy or healthcare governance must be natural for doctors. All these roles or acts actually reinforce each other. Being an educator makes one a better clinician. Being a clinician or experiencing how it is to be a clinician makes one a better administrator. Medical schools must include teaching skills in the undergraduate curriculum . Experiencing the

clinical is the core to navigate the enlarging layers, but in clinical practice, the patient-doctor relationship should ideally be the core because it is in knowing how the end-beneficiary feels can the larger policy-making be relevant . The meaning typologies curated are supposed to be mutually exclusive but nevertheless exist in a continuum. After initiating a bond, that bond is to be nurtured. That bond, being in an imperfect world, may need redemptive work, restoration to its originally functional state. Then this needs to be stewarded--- maintenance using creativity and resourcefulness . Only when aforementioned meanings are fulfilled, can one truly inspire because it completes the picture, it restores wholeness.

All of these involve lifelong learning. All involves relational, and relationship involves listening. Listening in the process by which value is attributed to the other person. As leadership and faith are relationship-based . All these though spiritual , transcend religion. When faith is relationship-based can it become genuine and transformative. All these can be done in other non-medical and non-health related professions . Only tools differ, and the only difference is that doctors have biomedical knowledge and license to touch the body. Thus we must embrace and respect indigenous healers and other professions as co-equals.

All of the typologies are also true for both vertical (relationship with God and horizontal (relationship with self and others , which families, friends & stakeholders) the vertical and horizontal scaffolding are congruent , and reinforce each other as seen in the following table.

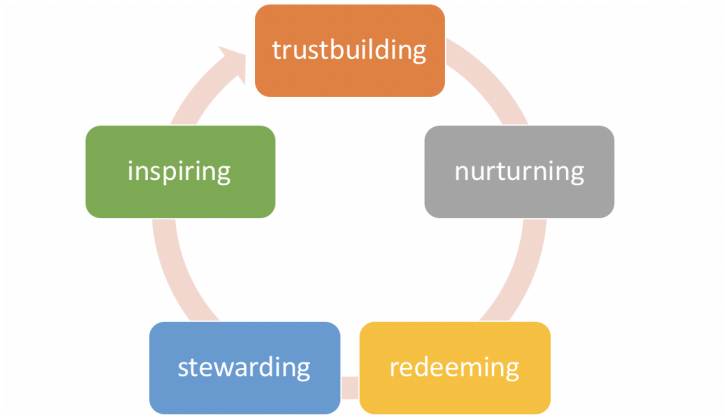
meaning unit	vertical scaffolding	horizontal scaffolding	scaffolding scaffolding
dialogical relationship with	God	self	others
trust building	trusting in God's sovereign good & unconditional love	belief that I am created in God's image self -image/confidence/ esteem	respect of others as created in His image
nurturing	God's word as nurturing milk to grow thereby	self-compassion physical health care	whole of person perspective respect for diversity
redeeming	God's redemptive work on the cross	self-forgiveness/acceptance	forgiveness service
stewarding	God has given us the entire universe to manage	good use of all talents & potential	investing in the lives of others
inspiring	the gift of the Holy Spirit –worship	creative expression physical & mental rest	being a good voice as advocate and leader

Table 12 . The congruence of vertical and horizontal scaffoldings of my lived experience across the curated meaning typologies.

The approach is what others may call virtue-based ethics, as against cognitive or learning-based approaches. To me, it is an integrative approach to human ethics, worded as action verbs. There is no being without doing.

Curate meanings and voice themes attributed of my lived experience of medical praxis.

Figure 8. The cyclical interrelationship of meaning typologies of medical praxis (Sigua, 2020)



The meanings are interrelated and run cycles a, spectrum or continuum. Health and medicine, being multi-layered can never be interpreted in a linear fashion. The meanings are found in correspondence with 5 principles of Buber's dialogic theory…. Filipino cultural values as well as role orientation of WHO for 5-star physicians, as well as with Balint reflective practice of USA, the major principles of dialogic learning and dialogic public relations. Meanings are levered in the action verb "doing" more than "being". Social and vertical scaffolding reinforce each other. The inner scaffolding

corresponds to the “inner core” of a person. These meanings I ascribe to my medical praxis are, I realize, very much interrelated and connected, but each is different thread in themselves, revealed semiotically through text signifiers, polyphonic voices of self and others , and dialogic acts and events of my medical praxis. I have to nurture trust, so I can inspire only when we have stories of redemption, to steward is to redeem values of resources and relationships. Trust is relational and the highest form is trusting in a God who is all in control beyond what we humanly can. All relational in consonance with the theory of Buber et al on relationship with the Other as the main essence of life. Even Freire talks about “ founding itself upon love, humility and faith, dialogue becomes a horizontal relationship of which mutual trust between the dialoguers is the logical consequence.”

The sensemaking we see in this work is extended to many spheres of our professional praxis and is very much related with the risk and the plurality of options that characterizes our society. Meaning resurges when people become protagonists of our own existence, or when we participate and share our activities, no matter how singular, through which we transform ourselves and our environment. The educational pursuits that generate the most motivation in today’s information society are those that are promoting the creation of meaning. Meaning arises when interaction between people is guided by them through dialogic principles and when we are hands-on in coming up with concrete integrated resolutions of our complex problems, Looping every facet and member of our human -managed systems. Dialogue makes co-creation and co-learning

possible. Meaning is created when all members feel they are learning and gaining something that is socially valued. The creation of meaning is motivational in itself. The creation of meaning is fundamentally a social process. In connection with meaning are values, which are expressed as voices. Voices are the messages of your life, your actions and your lips and your pen. the dialogic meaning typologies (sensemaking) in the 3 major spheres and who 5-star physician (role orientation and differentiation) and their resonance with other frameworks:

I also saw and demonstrated the polyphony in medical praxis– the multiple voices that a physician, as well as the many voices that I had to consciously mute or attune to according to the values and perspectives I track as a human being,

Multi-spatial Role of Physicians

The relational nature of the doctor-patient relationship with its meaning typologies in action form are explored through hermeneutic analysis using the dialogic prism. In dialogic learning , there are 7 overarching principles propounded, Habermas has stressed the need to recover the lifeworld from its systemic colonization by the “steering media” of power, law and bureaucratization. The systemic decolonization is a way of reinventing democracy in public spaces and institutions and for recovering meaning. Habermas' concept of lifeworld refers to the everyday contexts where people relate to each other and create meaning and structures to organize themselves. In Habermas' view, and also from a dialogic learning perspective, subjects create meaning through intersubjectivity or the interaction among subjects engaged in egalitarian dialogue. Any

person can engage in such meaning making dialogue because humans have *epistemological curiosity*, which when expressed in egalitarian dialogue can criticize and end with what Freire called the *bureaucratizing of the mind*, an invisible power of alienating domestication.

In this process, meaning is created and recovered because music escapes the system and goes back to people's lifeworld tearing down the walls of cultural elitism. In the societal sphere, also using the dialogical narrativist approach within auto-hermeneutics ontology and epistemology, I examined a lived experience or perspective using the dialogical lens as theorized by Buber, Gadamer and Bakhtin. Five dialogical meanings were curated from three manners: text signifiers, voice themes and dialogic events/behaviors of my life extracted and interpreted from data narratives varying across different data extraction stages. First, the profile of my medical praxis is described through explicating my dialogical self, dialogical scaffolding, dialogical relationships, dialogical spaces based on the narratives.

I find features of a dialogical self in identifying my relationship-based character and predisposition, my polyphonic dialogical voices , and most importantly, curating the layers and typologies of meanings that have been lying neatly deep in my consciousness about being a doctor. In the longitudinal analysis of a 30-year praxis, my dialogic self finds stability in the strong scaffolding both in the vertical and horizontal trajectories, with the vertical anchored on a relationship-based faith in God (my Infinite Other) which also strongly defines my self-identity and social positioning in my

dialogical relationships with patients, students and systems stakeholders evenly balanced in the three dialogical spaces both , real and virtual, of clinical , academic, and societal spheres. The curated dialogical /relational/other-oriented meanings/values/and voices are: trusting, nurturing, redeeming, stewarding, and inspiring. It is evident that all these meanings are fulfilled in all the spheres of the clinical, academic and societal, the reason why I could seamlessly traverse from one sphere to another. These are likewise what I find as worth bringing and preserving to carry on with the new normal. These meanings are also found very resonant and true in my vertical scaffolding.

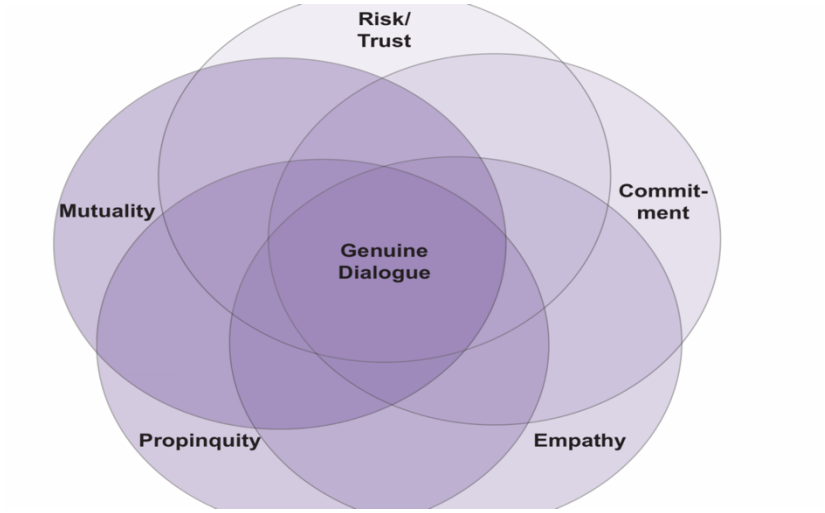
This hermeneutics of the self proves to be very informative in terms of meaning making of the past, validating the present, and forming trajectories for the future of medical praxis. Specifically, I became aware first of my dialogical self, of my internal dialogue , which impacts that of my external. It validates the vertical scaffolding of a relationship-based faith that gives stability to my horizon. On the horizontal trajectory, I became more aware of my most held voice themes , those that are strong and weak, those I can maintain and enhance and those I need to mute or diminish. I became aware of the voices of others that I find myself attuned to, which to hear more, hear louder, and which to mute. I started embracing the widening dialogic spaces like the virtual space. It was a journey into discovery and experiential learning on the essence of dialogue as applied to medical praxis of a physician, which restores as well the true essence of what it means to be and to practice the medical profession, especially when

one has to be in the larger spheres of academe and society (Baucal & Zittoun, 2019). Relationships with patients, students, fellowmen) through dialogue is the essence of medical praxis, as a way of redeeming (putting right inadequacies of the past and pay-forward to those who invested in me).This unique positioning gives me confidence to navigate all my current and future dialogical spaces. Meaning construction evolves with space and time. That is my dialogical scaffolding both in the vertical and horizontal, both internal (self-dialogue, Scripture meditation , prayer) and external hone and anchor me in the right values in this dynamic and ever progressive process of meaning construction(Guilherme, 2011). Through idiographic analysis, self-hermeneutics gives a unique perspective of common familiar experiences. The holistic nature of the single person case study allows what is called the voice of the life world to become visible , that is "the reading and writing of self-narrative provides a window through which the self and others can be examined and understood .It allows sharing of a political commitment as well as to promote a critical and public pedagogy." (Throne, 2019).

This study has curated 5 multi-vocal dialogical meaning typologies of medical praxis, common in all the 3 spheres, as follows , and since Bakhtin (1962) says, "Only things with meanings have a future," these meanings are also my guiding principles in navigating the new normal in the areas I find myself still every active in all the 3 spheres of making a difference.

I was challenged to cover all spheres from clinical, educational to public spheres precisely because Buber's dialogue theory has been stretched to Public relations by scholars Kent and Taylor (2002) surveyed the literature and compiled a list of generally accepted features of dialogue, which include: *risk*, *mutuality*, *propinquity*, *empathy*, and *commitment*. Although every feature of dialogue is not necessary or present in every dialogic interaction at all times, the more features of dialogue that are present, the stronger the dialogic bond will be. Consider the following figure, where the 5 dialogic principles of Buber are revived by modern public relations theorists.

Figure 9 . The Public Relations Theory Components, adapted from Buber's Dialogue Theory (Kent & Taylor, 2013)



Risk involves unanticipated experiences and consequences, and "a recognition of strange otherness" which involves an unconditional acceptance of the uniqueness of others. ***Mutuality*** involves collaboration with others, and a spirit of mutual equality. Mutuality suggests that interactions should be built on an equal footing. ***Propinquity*** involves immediacy of presence interactions, the temporal flow of relationships or a recognition of the past, present, and potential future relationships that are possible with others, and engagement with other beliefs and ideas. ***Empathy*** involves affirmation of others, supportiveness, and a communal orientation where the good of others matters as much, or more than, one's own good. ***Commitment*** involves genuineness, commitment to maintaining an open and ongoing conversation, and a commitment to interpretation or trying to make sense of what others say and how they feel have suggested that:

One can imagine dialogue along a continuum, with propaganda or monologue at one end, and dialogue at the other. Dialogue represents a model with much closer correspondence to a lived reality. Between the two poles of monologue and dialogue are other factors (intent, social and cultural context, conversational goals, etc. that influence communication success. The principles of dialogue help to move interpersonal interactions closer to the dialogic pole. In general, professional communicators are always closer to the dialogic pole than the monologue pole .

DIALOGICAL MEANING TYPOLOGIES AND VOICE THEMES OF MY LIVED EXPERIENCE OF MEDICAL PRAXIS

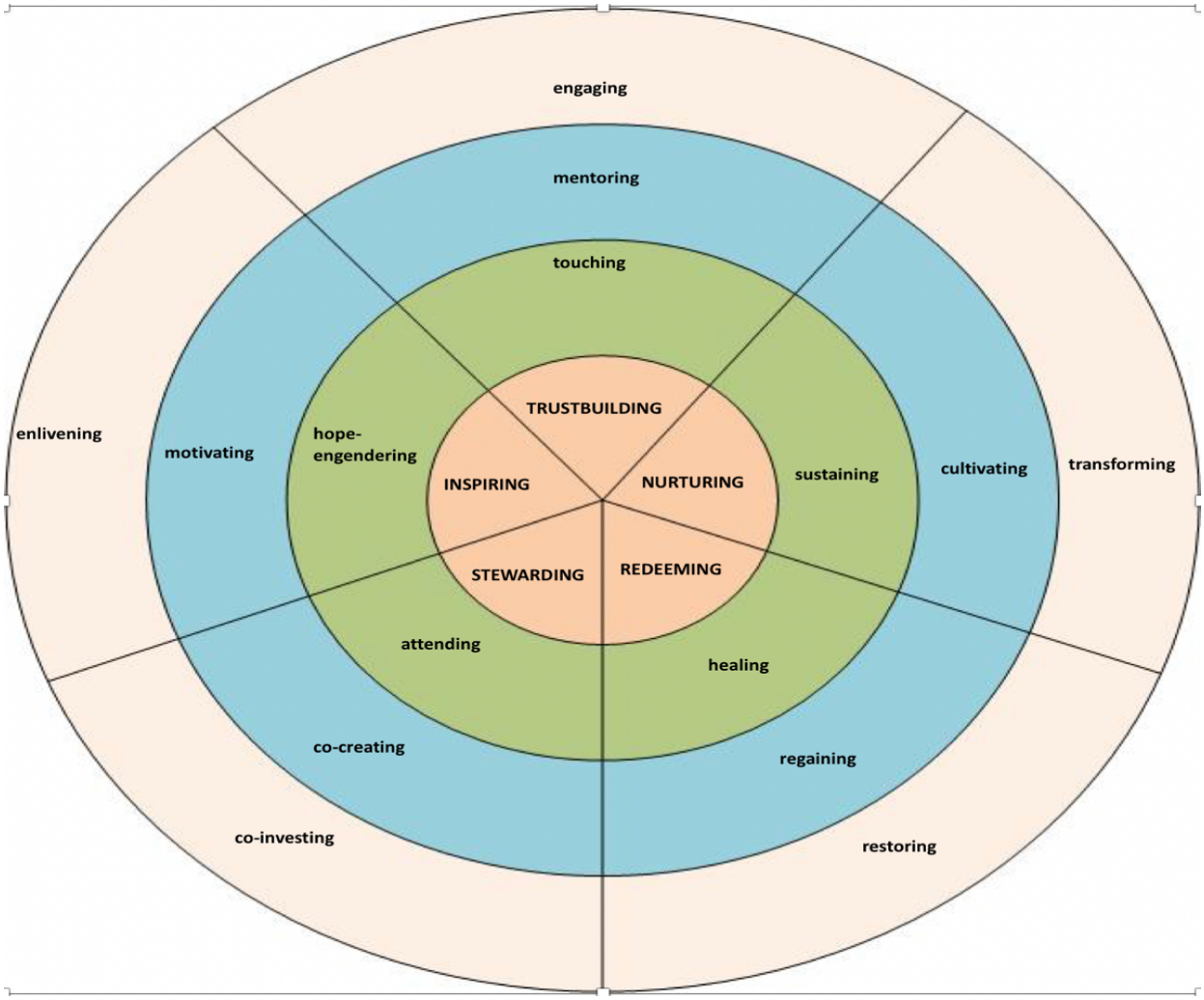
To further validate my curated meaning typologies and voice themes of my lived experience of medical praxis , I attempted to juxtapose them in resonance with other perspectives. Table 13 summarizes the

Dialogical Meaning Typology	Vertical Dialogic Scaffolding	Horizontal Dialogic Scaffolding Clinical	Horizontal Dialogic Scaffolding Educational/Academic	Horizontal Dialogical Scaffolding Social Advocative	Virtue-based Voices	Filipino Cultural Values
Trust-building	Faith in a Divine Sovereign Role Model	"Mutuality"	"Equality of differences"	Integrity	Authenticity	*Tiwala* *Pananampalataya* *Kagaanan/kapala- aavang loob*
Nurturing	Other-ness	"Propinquity"	"Solidarity"	Presence	Wholeness	*Alaga* *Kalinga* *Kapwa*
Redeeming	Holistic Healing	"Empathy"	"Creation of meaning"	Support	Grace	*Pagtubos* *Pagbabalik* *Katapatana ng kalooban* *Pagbabalik-tanaw*
Stewarding	Balance/equilibrium	"Risk" (anticipation)	"Instrumental dimension"	Practical wisdom/*phronesis*	Service	*Pag-aasikaso* *Pagmamahal sa kalikasan* *Bayanihan*
Inspiring	Insight/foresight	"Commitment"	"Transformation"	Charity	Resilience	*Lakas ng loob* *Pag-asa* *Malasakit*

Table 13 . The Dialogic Meaning Typology of Medical Praxis Juxtaposed with Dialogic Learning Theory of Puschka , Dialogic Public Relations (Kent & Taylor, and Filipino Relational Values.

correspondence of these typologies extracted from the hermeneutic self-interpretation of my narrative with Buber's dialogue theory, Pushka's (2003) dialogic learning theory , and Kent & Taylor's(2013) public relations theory. In terms of dialogic spheres, I have also made the

Figure 10. The Wheel of Meaning Typologies of Medical Praxis in the Three Spheres: Clinical , Educational, Advocative . (Sigua, 2020)



Green—clinical; blue –educational; beige—societal

Correspondence of these typologies with the traditional World Health Organization 5-star physician role differentiations: I put healthcare provider and counselor under clinical sphere, teacher and researcher under educational sphere, and manager/advocate under societal sphere. I also matched it with corresponding Filipino cultural values. They will be discussed both in the vertical and horizontal scaffoldings

These typologies lie somewhat in continuum with one other as they may have some degrees of overlap (as is true for multi-layered issues such as health) as they are intricately interconnected and consequential among themselves, meaning each builds on the other, but it starts with trust-building.

ANALYSIS OF THE MEANING TYPOLOGIES ACROSS VERTICAL DIALOGICAl SCAFFOLDING (SPIRITUALITY) AND HORIZONTAL SCAFFOLDING (3 SPHERES, INCLUDING VIRTUAL LANDSCAPE AND FILIPINO CULTURAL ENGAGEMENT

TRUST BUILDING

In the vertical scaffolding, In the vertical scaffolding, medical praxis refers to the trust relationship of physicians to a Higher Being, which even brings trust to an ever higher dimension, in that the purity of the trust originates back in the vertical scaffolding , the basic trust on a Higher Being and the knowledge that all humanity is created according the image of this Being and thus the physician also sees any human person in that form and therefore utmost reverence is likewise alluded to in the doctor-patient relationship. the dependency, the recognition of immortality and own vulnerability and limits, and which embraces all that is needed to resolve the intellectual and emotional upheavals that the practice brings. It is addressing the gaps through collective efforts and mutual learning and discoveries of solutions. It brings all in an equal footage, the source of humility and grace, of gratitude. The capacity to believe and exercise faith even things that cannot be explained by science, like miracles. Trust is supported by

the voice of authenticity of genuineness of self and inner character that goes beyond impressionability or presentability. It tests the intentionalities of the heart. Physicians' purity of heart is most vital in enduring doctor-stakeholder relationships in all spheres.

The voices of God, my family, faithful friends of the same values , those of the colleagues that I looked up to are the voices that mattered here. Voices that to me sounded authentic.

In the horizontal scaffolding, my experience of medical praxis is about trust-building that forms a touchpoint , a bonding between two whole entities or persons. Trust is a very delicate matter in my medical praxis. In all spheres, what earns trust is when I see people as human beings, not human doings or objects or way to your own means. Seeing, understanding and connecting with people as human beings, that make them feel valued for who they perceive they are. When done or given, this creates purpose, meaning and significance and value. One has to be grounded on identity, values, and directions. Why I value what you do, how you respond to challenges, failure and change. It digs down to self-awareness . It is setting clear goals and realistic ones from the start. It is explaining what is happening and the trajectory of treatment. about one's ability , skills, talents, character, competency , Trust is firm belief , the reliability, integrity and ability to be trusted with their time, their money, their choice of service. Trust is built over time, with repeated interactions through which expectations about how my trustworthiness is tested. In medicine, our patients expect that we, as physicians, will behave more or less predictably in a certain way. It is a kind of trust

that transcends outcomes, even if the outcomes are adversarial or results in death, the relationship remains stable . The patient and the family/stakeholders have confidence that we will act for their benefit. This intrinsic trust of patients is expressed in the discretionary latitude that patients give for us physicians to do what is necessary to, hopefully, benefit their well-being, which also takes giving my all to, no matter what it takes me to deliver to expectation. Only trust can make one to open up ; to lie there in confidence with their bodies, with their loved ones, to be sought and to be needed. To be trusted to make a difference in somebody's life is the highest form of respect that a person can deserve. It demands the voice of authenticity/ genuineness, and consistency in action, behavior, communication style, and overall presence, Crowe writes , "For Heidegger, there are two possibilities: inauthenticity and authenticity. One is characterized by complacency, distraction, and self-concealment, while the other is marked by commitment, struggle, and sober responsibility for oneself. One kind of life is, ultimately, a failure to own-up to oneself, while the other is a life of profound honesty (*katapatan ng loob*) . Touch accessible in both real and virtual spaces In the clinical, it is about touching the patient in the 3 dimensions: bodily (during physical examination), psycho-emotionally (listening to intently and co-processing mental insights and perspectives, and emotional concerns and predispositions), and spiritually (engendering hope, courage, motivation, values, purpose, self-awareness).

In the educational sphere , medical praxis is about trust-building that goes beyond mere delivering a lecture or teaching but **mentoring** . Mentoring involves values

teaching. It involves and demands one's character, one's ethics. Doctors build trust among students and colleagues in diligence, quality of teaching, and humane interaction with students, being good role models of character and bedside manners , and communication skills. In the dialogic learning theory of Flecha, it corresponds to **equality of differences**, the recognition and awareness that each person has something to share that may be different but equally important. Thus the wider the diversity of voices the better the co-creation of knowledge will be.

In the societal sphere, medical praxis is about **engaging** not only individuals, but the bigger circles of stakeholders, the families, communities and organizations, even global intercultural groups. never compromising quality care with cost-control. This entails integrity. All the stakeholders are engaged and listened to for their inputs and contributions.

In the digital/virtual space, I build trust by extending my availability in extending services, telemedicine, even diagnosing using my competency through time in knowledge of certain appearances, even if I cannot touch or palpate using conventional methods. In mental health, psychotherapy this is very useful. During this pandemic , tele consultations for those who cannot , who cannot afford or who simply are afraid to go to the hospitals for fear of exposure. AI is expanding its skills in warning humans of which platforms are not worth our trust, and prevents us from even opening up or entering or dialoguing within them.

In the Filipino culture, when people trust a physician, people say they are *hiyang,* meaning*, palagay ang loob , magaan ang loob, buo ang tiwala.* Very deep in Filipino psyche is faith in the Divine, called *pananampalataya.* It is an attitude of faith that tha It provides a critical psychological and spiritual ballast that is the source of illumination as well as synchronized energy. When this scaffolding is present it is helpful as a language for me as their physician to discuss with the patient and stakeholders the issue of uncertainty , which is very real in multi-dimensional issues such as health. Issues of worst-best case scenarios are better discussed early in any intervention to avoid any trust issues.

NURTURING

Nurturing refers to relationships -based caring and preservation or growth/progress . Medical praxis is about taking care of holistic needs towards well-being, the orientation that curing without dealing with the inner condition is not nurturing. It likewise entails total giving of one self to the act. Nurturing is both longitudinal across time, and both process and outcome based. In the horizontal scaffolding, nurturing is about caring for a moment, but has continuity. and encouraging the growth, progress or development of someone or something. It is not about a momentary singular act of treatment or intervention but pre and post intervention, about **sustaining** .

Nurturing corresponds with the voice of wholeness. When the physician comes from a perspective of wholeness, then this is what the stakeholders see, thus in any

sphere, which all entails whole perspectives, the physician can find meaningful contribution. For e.g. mental health is now being more talked about as its importance is being more felt. Time is coming when spiritual health will gain such status as well. This work is instrumental to this trajectory

The voices resonant to nurturing are the voices of compassion, empathy, and grace. In the vertical scaffolding, nurturing in medical praxis is about recognition of the person's **wholeness** through a personal relationship with the Divine, learning from the demonstration of humanity by God Himself. Parallel to human-human relationship, this relationship can be and should be nurtured. It is about learning by way of literature reading or fellowship with co-believing human beings , and prayer and meditation , involving internal dialogues. When one is well-nurtured, discernment is the dialogic counterpart of conversation especially in critical decision-making like crossroads. If there is no belief in a higher being this involves nurturing another soul. Nurturing relationship with the Divine also concerns self-nurturance, because it becomes a source of extra- empowerment to execute the burden of caring for others on a professional level.

In the horizontal scaffolding, firstly in the clinical sphere, medical praxis is about the physical bodily health and soundness, it is about longitudinal life-course caring from birth to old age, or simply having a long-term perspective whenever confronted with a particular health issue no matter how trivial or big. It is earnestly holistically addressing different dimensions of needs the needs of the other are and getting feedback so that it

can be titrated and modified towards the best outcome. In Buber's dialogic principles it corresponds to **propinquity,** defined as the immediacy of presence or real-time interaction, awareness of the temporal flow of relationships or a recognition of the past, present and future encounters and developments. In the educational realm, medical praxis is about patient **cultivating** of fertile minds and planting good seeds . It is about caring about the temporal spectrum , from promotive preventive, curative and rehabilitative needs and demands and challenges. In the societal sphere, medical praxis is about a kind of hands-on **presence** that is palpable on common shared goals and purposes for the population as a unit of care. Thus I am the physician essentially finding **solidarity** with the patient or the population in the act of nurturance. Nurturing is caring for inner self needs and using total self resources to meet the needs of others. of the person (versus stewardship).

In the digital/virtual landscape, I nurture dialogic relationships that can take place despite the distance, through webinars. If I did not have the digital space during this pandemic, I would not survive. How I mainstream other social and environmental physical health determinants to nurture whole person health using whole-world efforts, because we are now connected in cyberspace, through the dialogue of humanity, traversing past, present and future. Mental health.

The Filipino cultural cultural values that resonate with nurturing typology is *malasakit, aruga, alaga, pagkupkop*.

REDEEMING

Redeeming is compensating for someone's mistakes, weakness, or imperfection about restoration of anything lost, or paying for the value of something with something else with same or close value.

The resonant voice here is the voice of grace**, f**orgiveness, unconditional love,

In the vertical scaffolding, healing involves not only physical, emotional but also spiritual. Any hope of redeeming medicine requires an understanding of the health of a community interpreted through the interdependence of created beings in relation to a Creator God. After clarifying the distinction between "pain" and "suffering," Sulmasy (2017) critiques the frequent implication within contemporary healthcare that the purpose of medicine is to eliminate suffering. "Suffering is not a disease or symptom and cannot be cured or eliminated by medicine," he writes. "Suffering is only healed through compassionate love. In imitating the healing work of spirituality for clinicians enter more deeply into the kingdom of God" . This perspective on suffering not only challenges medicine's illusion of eliminating suffering, but also says much more about how medical practitioners should interpret suffering and what their responsibilities in response to its presentation should be. That suffering might present an opportunity

for us to imitate God as the role model Spirituality is a scaffolding per se towards healing , and not merely an instrumental tool through which to attain health and well-being. Sulmasy's understanding of suffering as forming us for faithfulness challenges the presumption that spirituality can be appropriated for its protective utility and reminds us that suffering and illness are part of our finitude as creaturely humans. He heightens the relevance and spiritual significance of suffering in relation to human flourishing when he says, "Suffering is only possible for creatures that have dignity and that search for meaning. In all our common frailty, all is grace, and

In the horizontal scaffolding, clinical sphere, medical praxis is a lot about redeeming. **Healing** is the common connotation of this redeeming, but actually in this work it refers to many things. To redeem means to buy back. In the clinical sphere, redeeming in a dialogical sense is about co-healing (because the physician is only one of the many causes of the healing, other than the body, the patient himself, and his/her own dialogic relationships. Co-healing is about bringing back to the normal state, from injury and disease, from confusion to peace. There is no total healing without the physician showing **empathy.** In Buber's theory, empathy involves confirmation of others as fellow humans, without discrimation as to gender , age, socio-economic status or health status . If there was an error, it is about honesty to reveal and rectify it, which is patient safety in medicine is all about, If there was delay in intervention, to redeem bad consequences. In the educational world , redeeming in medical praxis is undoing ignorance or incapacity/**regaining** capacity/function , through capacity building and

lifelong learning, through evidence-based research in social inquiries. It is only when we see the progress of this redeeming act does anything gain **meaning**.

A story of triumph from a point of weakness is a redeeming narrative. In the societal sphere, it is about **restoring** the essences of the good old basics, of restoring basic practices and insights that still work and make sense, to unlearn models that don't work, or undoing overdoing (through over-use of diagnostic sophistication or therapeutic over-prescription of medications, of reviving/pursuing paradigms of healing broken relationships, of finding value even in waste and errors of the past to illumine the future, which are erroneously called 'innovations.' Physicians must stand on the same level of humanity . In the societal sphere, redeeming means supporting the process of recovery without judgment. supportiveness and a communal orientation where the good of others matters as much, or more than, one's own good. Experiencing how to be sick, in pain, lose , grieve, is calibrating enough. Redeeming failure to connect with patients , failure to be trusted , failure to nurture, to steward. And redeeming necessitates acceptance, forgiveness, courage to count the cost. But medicine the way it is now is the one that needs redeeming. The praxis of medicine is still redeemable. And I can be one small voice.

In the virtual dialogical space, redeeming In the redeeming the social and physical distance in this pandemic through making the most of meaningful dialogic exchange online is most vital.

In Filipino values, redeeming in medical praxis means *pagtubos ng kamalian , pagbabalik, pagwawasto, pagbabalik-tanaw, katapatan at kababaang loob, paghihilom.*

STEWARDING

In the stewarding meaning typology , I manage the limited resources. I am relieved that I am no longer in active practice during this time being in a form of study leave for this degree, but stewarding has shifted to working at home and multi-tasking, trying to make do with limited resources

This entails the voice of service on the ground to both ends of spectrum , both with grassroots and the loneliest elites of society. Medical praxis is a form of big assistance, a way of extending compassion. It also concerns self-care and self-compassion so that one can continue serving. It involves having a public health perspective which calls for a different perspective and involves prevention and promotion. Stewardship is caring for the external needs of someone using external resources (versus nurturing). In education, it is about co-creating pathways to solve problems. In the societal, it is about coming up with collaborative co-investing by balancing risks against benefits for the greater majority, prioritization of resources, and mobilization of support . Stewardship in medicine and health is also about prioritization , weighing risks versus benefits. It entails

monitoring, evaluation. I had equal chance to work in a concierge clinic catering to ex-pats, foreigners , the rich and famous, and I realize how lonely their world could also be and their real struggles are worth listening to.

In the vertical scaffolding, to steward means to own up to those gifts, especially talents and abilities, is not prideful or egotistical but true humility when we credit God with our gifts and put them in His service and for His glory. realize how gracious God has been to me and respond with gratitude by developing all my gifts to their full potential, using them well to serve others, building up the kingdom of God, and sharing them in the same proportion and manner they have been given me, especially those things clearly not of my own doing and are only through divine orchestration. John 10:10 " The thief came to steal, kill and destroy, but have come that you might have life and have it more abundantly (Holy Bible, NIV) , whole of government , and whole of society. will listen to voices who aspire for the same in the spirit of pluralism, complementarity (as opposed to total integration), collaboration with other disciplines.

In the horizontal scaffolding, in the clinical medical praxis is about stewarding , which means giving total dialogical self ---putting to good use all giftings, knowledge and experience , all life resources and skills, even natural talents which include one's entire life , relationships, abilities and interests, unique personality , even imitations and vulnerabilities. In the clinical sphere, it is about astute **attending** to the needs of the patient having in mind the social environment in terms of causation as well as external resource networks in all layers of the community to meet the needs of patients . This is in alignment with the paradigm shift from biomedical to biopsychosocial model

of approach to health. It is balancing judiciously between benefits and risks , which leads us to the emerging trend of shared or patient-centered informed decision-making . In the educational sphere, stewarding is about co-creating knowledge, being good stewards of human lives, making sure that we inculcate the kind of breeding the kind of learners they should be, teaching ethics through our very lives. It is responding to doors of opportunities for leadership where you can make a larger difference, although even as a member , team playing is a good stewardship. It corresponds to the instrumental dimension of Flecha's dialogic learning which refers to the role of reflection and analysis based on the actual needs at hand , needed to process and interpret information from diverse minds. In the *societal* sphere, stewarding is about being practical wisdom, which phenomenologists call phronesis, of being resilient through crisis. It takes an enormous amount of gratitude, responsibility, generosity, resource management capability and accountability, the ability to multitask without sacrificing quality , and without losing or diluting self in the process.

In the virtual sphere, I realize that I need to strive to learn how to navigate and make the most of the digital world, how to use social media for the good in all the spheres, and this is a steward of the resources and landscapes given to us in this generation.

In the Filipino culture is about *pag-aasikaso , pagsisikap, pagmamahal sa kalikasan, and* collectively, *pamayanan, bayanihan.*

INSPIRING

To inspire is to breathe life to self and others around us. Every we meet has their own stories of struggles needing help, at the very least an encouraging interface through dialogical connection, psychotherapy, tele-health, counseling, even art and prayer sessions learn that inspiring others is through other living creatures who are responsive as their whole beings , not only intellectually but involving all sensory and psychomotor capacities, hearts and minds. And this is the drive the magic the sick need to have a touch of , to heal not only physical but mental maladies.

In the vertical scaffolding, inspiring means getting the drive and energy from God.. being inspired by the Holy Spirit. He is the source of enduring, timeless purpose and values and meaning. Dasein. Eureka moment , Zarzycka & PUchalska-Wasyl (2019) proves through quantitative study using a large sample size of 143 strong statistical correlation religious/spiritual struggles on well-being. This study concludes that religious struggle, regardless of which religious matters the struggle refers to, triggers internal dialogues. Internal dialogical activity serves as a mediator of the relationship between religious/spiritual struggle and psychological well-being. Depending on the types of manners people conduct during their struggles, this can result in an increase or decrease of well-being. Ruminative dialogues enhance the detrimental effect of religious struggle on well-being, while social simulation and supportive dialogues make religious/spiritual struggle lead to positive outcomes.

In the horizontal scaffolding, medical praxis means inspiring. Inspiring means to move someone to feel a certain emotion, of wanting to create, of wanting to transcend and to bounce back . It is close to something divine, of "coming alive", of being "touched" with a fresh challenge and aspiration to do and be better, like being always reborn, starting tabula rasa, being quickened in my spirit. It is about being malleable, teachable, the willingness to be sharpened beyond just mere intellectual challenge. In the clinical sphere, to **engender hope is** to role model by experiential learning. Inspiration comes from activating intuitive learning through use of the right brain , in the domain of those hard-to-explain stuffs, but as real as any explainable stuff. Inspiration entails commitment to being consistently significant and mattering to another beyond how, why, and what is expected comes through valuing our humanity as well as beyond-human. Dialogue's power lies in inspiring two human parties or perspectives towards realization of something win-win to both, fresh revelations of meanings that cannot be otherwise discovered without shared understanding of individual perspectives through dialogue. In the educational sphere, it means **motivating,** of being exemplars and role models….. In the societal sphere, it means **enlivening ,** or causing others to come alive **.** A dialogic stewarding leads to **transformation.** This entails the voice of resilience and transcendence because these are the things that inspire others, when they see that despite limitations, we make do and beat them and break the ground. The virtue of charity/ agape/ unconditional love operates here. Through inspiration we realize it's not always the numbers, the figures that matter but the quality. It only takes a small grain of salt to preserve, a flicker of light to obliterate what is dark.

I learn to tap this resource to inspire , to give a counterforce to doctors shaming and other attacks to medical practice through social media. I use the virtual space as an extended space, as a stretching of redeem medical praxis for all its meanings and use it as a convenient platform for virtue-based voices…

In the Filipino values, inspiring is about *lakas ng loob, pag-asa, at malasakit. Malasakit* is actually the circumferential total /sum total of all trust, nurturance, redemption, stewardship, and inspiration. It is empathy, agape, unconditional love.

THE EXPANDED DIALOGICAL PLATFORM OF VIRTUAL SPACE

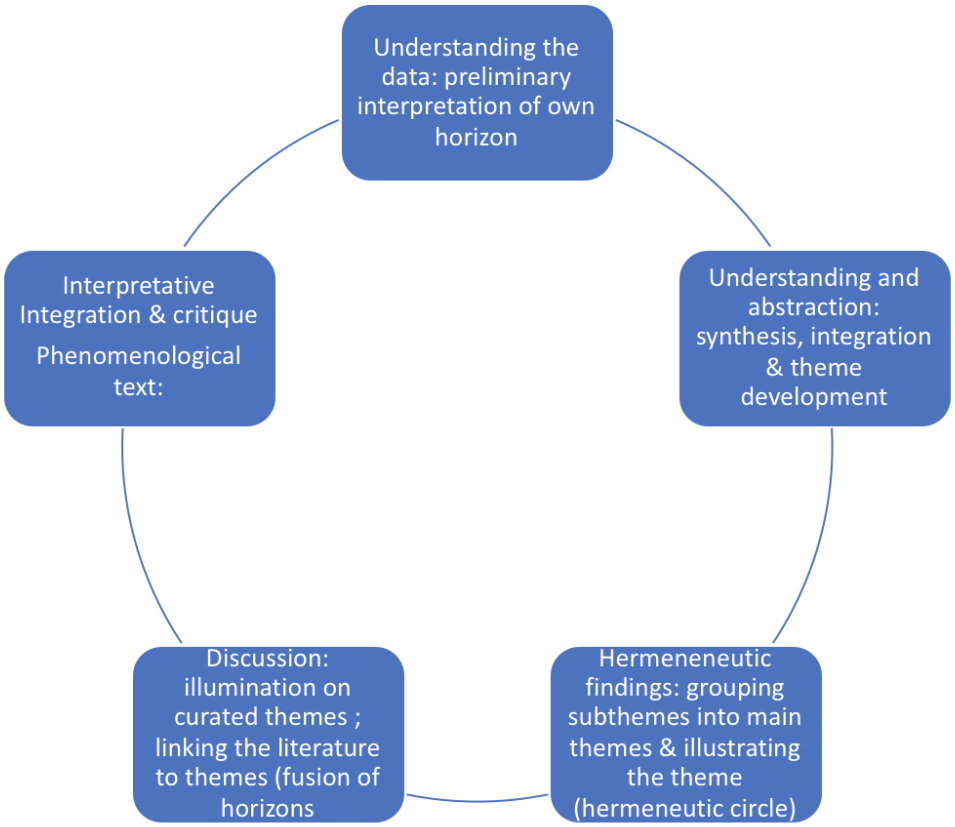
I saw in this reflection that digital space is a dialogical platform and is thus very vital to medical praxis. In the three dialogic spheres of my medical praxis, it is so much of a shared space for clinical care, education, governance and advocacy. Not only building knowledge but of skills. Here, learners are drawn into participation in the processes through which knowledge is constructed and validated and the digital space promotes dialogic skills per se. It was Wegerif who expanded this idea that technology can expand dialogic spaces across time and space by including more voices and deeper questioning of framing grounds. Such as when we engage in social media, write blogs. When we write , we participate in the dialogue of 'collective conversation of mankind', like library materials that once lie unread in microfilms are very accessible to those with connections. Just like this dissertation work, there is always the potential of living relationships with multiple voices. The dialogue of humanity is real time . Cyberspace is

not imaginary, it is a real world, not an external space but a real dialogic space , with infinite creative possibility and intrinsic democratic potential. The reason why there is a notion that no genuine relations occur is because of our tendency to objectify others or because true encounters are not happening appropriately. how to critically examine information , how to ask good questions. With the vast opportunities of home-based learning through the internet with the pandemic, this is validated that indeed, the internet is a double-edged sword that can be optimized for good goals even by doctors. It is in our hands to redeem the internet for our good, for dialogical purposes " to expand what it means to be us, or to be human, in a way that incorporates the global human-machine work that we ourselves have created" . In reality, used properly (incorporating features referring to the basic principles and the meanings curated here that align with them, and co-creating knowledge and values that build good and well-serving trajectory for good human relationships , we can turn it into a real opportunity , something we can definitely control, and something that is un-dominating,

CHAPTER SIX

SUMMARY AND IMPLICATIONS

Figure. The Methodological Framework Applied in Auto Hermeneutic Inquiry



PERSONAL PHRONESIS

Hermeneutics is about asking questions: What do I find meaningful ? Meaning both asks, what's right for me? What's *light* for me? (Mittermaier, 2020) . It corresponds to commitment of Buber's dialogical theory : where commitment is a dialectical logic and paradoxical thinking by being committed deeply in values and yet open to learn" Dialectical thinking is the highest form of thinking and cognitive development. I have been raised a psychologist, I thought after learning psych I would understand myself and others and life better. I only knew when I learned about communication. And of course reflecting upon my experiences and learning from it. At the end pole of spirituality is implementation, translation to action, doing, behavior. Adult learning's two important elements of dialogic learning are emotion and relationships. Personally , hermeneutics pointed to me where I stand in terms of these 2.

To finally curate for myself these meaning typologies through this inquiry is an act of reclamation (Throne, 2019). Indeed , very liberating and emancipatory. And it ramifies to many facets my life as a human being, as a dialogical self. The research self is not separable from the lived self. Who we are and what we can be, what we can study , how we can write about and what we study are all tied (Pitard, 2017;Gorichanaz, 2017,2018; Fleck, 2011). The dialogic frame has afforded me a fresh new level of self-awareness that is so re-calibrating with the dialogical space widened, my dialogical voices as well being identified adds more value , and thus new layers of

energy moving forward . In organizations team-playing, I learned to suspend assumptions, (*epoche*) to be malleable myself to help build awareness of how we all construct and can change. And how this led to transforming me in a leap-frog sense. More than anything, I never realized that I could do this in the most scholarly fashion. I saw my two selves interrogating each other. That part of me that is logical and intuitive , my beliefs, values. And the things that I still can't understand fully: my issues are not so much about contradictions but about how to approach those contradictions in myself without losing personal positioning along my relationship trajectories. Reflective consciousness is creative learning. Lysiak & Puchalska-Wasyl (2019) says reflective consciousness is to deal with the increasing complexity of human life in the social world. The realization that this creative exercise is a kind of dialogue implies that we need to learn to be on both sides of the dialogue to be able to understand. I also realize the importance of relaxing then listening to quiet inner voices is creativity that leads to changes in my behavior, in my own self-modulation and regulation. I also saw that the theories have pragmatic reconciliations when we get down on the ground, especially on not so chartered territories like the self (Olson, 2014; Meijers & Hermans, 2018).

All of these occur as what Piercy (2014)" learning-in relationships which are very instinctual of a mother-child learning relationship (Wegerif,2013). Redeeming speaks of healing in all dimensions of self, in all points of vulnerabilities as human beings and it is a discursive lifetime practice . Transparency is highly demanded, and demonstrated in this work per se. My contribution to meaning-making in medical praxis is demonstrating that within the dialogic perspective, the interrelationships among

meanings, voices, relationships, values, spaces with praxis cannot be overemphasized. I also demonstrated how a belief system in the form of a relational vertical scaffolding gives stability to meanings , voices and values, and the over-all integrity of the dialogic self (Beech, 2008; Zarzycka & Wasyl, 2019) . This further validates dialogue as a way of life and professional praxis as theorized by Buber and Bahktin .

Meanings have constellations embedded in the self, that can give us a surprise , when unearthed. Using the dialogic prism lens, I am confronted by a multi-voiced kaleidoscope of meanings, some new layers even, and these I pick up to use as building blocks for constructing newer ones (Pasilla, 2015). I need to get more attuned to my dialogic voices so that I can modulate them. We all need to be aware where we are coming from as voices in all its polyphony and be more in the voice of others coming from our external environment.

Values shape this meaning construction, which continuously evolve through dialogical engagement (doctoring, teaching, social advocating).It is about being whole, our values and beliefs that shape us are what gives us meaning (Glicksman, 2016). A dialogical life is like breathing out inner and outer voices and breathing in the voice of others in discursive balance that gives a sense of self-integrity and equilibrium.In this work I learned to actualize reflexivity, that we can explore our own understanding of our stories that reveal deeper layers of meaning and facets in relation to others explicate practical implications for teaching reflexivity and implementing it throughout the research process (Mittermeier, 2019).To actualize reflexivity, I needed to explore my understanding of my own story as a platform to do meaning-making in my praxis.

Opening up to being vulnerable as I both share and interpret my own narratives is slippery yet fulfilling. Creating safe spaces for sharing personal experience is nevertheless crucial and can be done with the use of nonjudgmental language that gives me control over which aspects of my life I share that are relevant to the construct. Lastly, an important outcome of reflexivity is unearthing power dynamics and coming to know and respect the boundaries of self identity explicated through and in between various self-positions and voices.. I find that engaging in hermeneutics of the self is a mindful, rigorous research process and produces more honest, ethical research (Carter et al, 2014). True power lies in situating myself in the right identity positions based on those meanings and values that only I determine and navigate. What I can make out of the experiences is that values transcend relationships: I can lose positions just to preserve relationships and values. And I will continue pursuing the values even if the relationships change. I realize that while my strong dialogical voices can match the voice of others , I must be more open to voices not necessarily resonating with mine, to hearing the voices of even my enemies, for listening and understanding the voices of other faiths, belief systems for then learning will be maximal. There is a study where participants divulged even strengthening of their faith when they got to understand others.

Beyond construction of knowledge construction is construction of meanings and preservation and refinement of values which will hone these meanings. Meaningless thinking is the bane of modernity. Intelligence is just a tiny part of what it means to be human. Humans struggle for meaning and purpose in their lives, in their professional

lives. Knowledge and meanings are bound by time and space and can be very volatile, but unless through our reflective capacities, we anchor them to enduring values, dialogue may be a two-edged sword, which may subject us to unending transformation that may be beyond our control. Learning it from experience, having the vertical arm of dialogic relationship is the key axis of the dialogical self. Meaning is a temporal phenomenon , not a spatial phenomenon. No object holds any inherent meaning. When we speak of sentimental value about objects , we are actually talking of relational meanings with human persons in particular events. A person who possesses great value without meaning is an impoverished soul. A person who possesses meaning without value is an impoverished body. A person who possesses both meaning and value is rich indeed

Thus, at the end of my hermeneutic musings comes another question “How do I , through dialogue, preserve, construct or create more meaning and value in my professional life ?” In the real world, money is the currency of the spatial world and thoughts of the temporal world.. The core element of meaning is love. Making meaningful relationships is the essence of love . Even mentions love. Buber and all the philosophers talked about relationships. Authentic relationships. The essence of love is constructing and creating meaningful dialogical relationships in the present moment. If it is held in love, it will transcend time and space. Just as value is created in the spatial realm by recognizing and filling a deficit, so meaning is created in the temporal realm by identifying a love or a relational deficit and filling it. When Jesus summarized the Law in the commands Love God and love your neighbor, he emphasizes love as the

central task and profession of any life. Every meaning and value flows from love. Love does not begin in the interactions between one individual and another. Love begins with reflecting. And love redeems everything in grace. If reflection demands time spent in deep introspection and meditation, its redeeming power is beyond life itself. The present moment is most valuable when seen in the continuum with eternity. With that I realize I have to hinge myself with a constant, just like an equation always has a constant. In my perspective, reflecting on the narratives of the Scriptures matched with meditative prayer is on another layer a constant , a meaningful values repository , my leverage for identity and meaning-making for my praxis, even stronger than any social identity or positioning in the external. A mind that is filled with divine meaning makes a heart that is stilled and a life that is beaming. The radiance that exudes from the lives of the truly spiritual is truly priceless and timeless in the eyes and ears of all including what Buber et al term *The Infinite Other* , or the SuperAddressee."

In this hermeneutic of the self, the overarching realization and validation is that of embracing phenomenology as a scientific perspective to view the complete spectrum of knowledge by way to fully understand a human person: the spectrum of subjectivity to objectivity , which is the paradigm shift of social constructivism to aim to create balance of the two because we are both. To see the human being completely for the whole that (s)he is with values, beliefs, biases, idiosyncrasies in his defense of the phenomenological account of health and illness, he argues human values , with which sense and meaning-making are closely leveraged, are strength rather than a weakness. In quest for health, are those quest for personal identity and authentic life, both for

doctors and the patients, taking into consideration both nature and culture. The need for a first -person perspective is vital to give the subjective element. Hermeneutics is a human science that makes use of methodologies different from experimental and qualifying methods. They lay bare meaningful structures that enable health professionals to view health and illness in their quality.

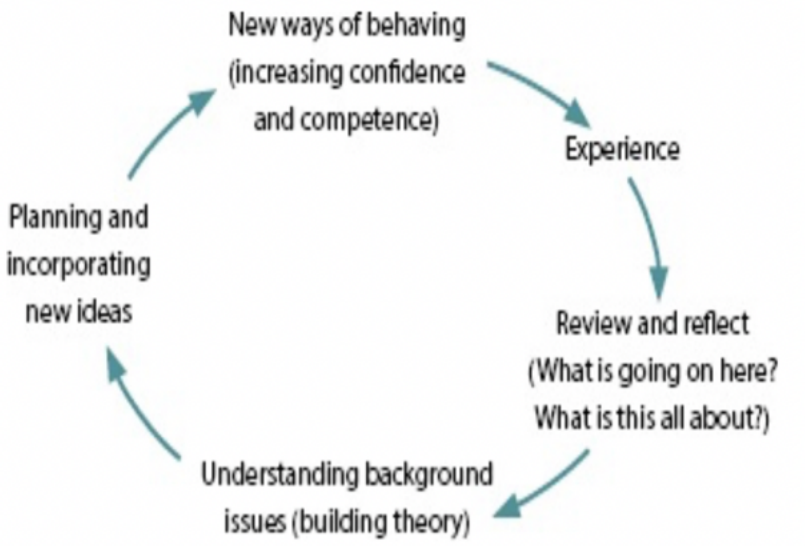
From the writings of Gadamer, the phenomenological predecessors of Husserl, the Father of Phenomenology, the medical praxis is a form of authentic life in which the person plays a decisive role . Such is when physicians interpret illness as a blessing for a fuller, more authentic life, where being sick can even become an energetic stimulus for life, for living more, for more meaning. The medical praxis is an intense experience in which we help others and likewise and subsequently ourselves feel alive and vibrantly present. We change as persons in handling/managing and being a critical part of illness management just as we can find our true identity in an individually accomplished health that overcomes pains and sufferings. In a way, health evolves out of illness , that we need first to become ill—perhaps over and over again---in order to be healthy. Like our immune system developing the antibodies. Being aware of this for the doctor in practice avoids over medicalization. Many times we heal by power of sheer will or acceptance, or processing our sense of meanings or leading one to traject their own.

This inquiry has essentially become a form of self-directed learning for me. It is for highly differentiated adults, " a spiritual act of political self-determination, of reclamation." . Learning is relational and all relationships are about learning. Dialogue

as a pedagogical orientation brings the status of the leader , the status of humility propelled by a pragmatic recognition " there is so much to know that I do not yet understand" .. Any space that offers and sustains a kind of open learning culture, is both human and divine , and nurtures me in all facets. Yet any experience no matter how rich will not be learned unless we step back to curate their meanings. *With hermeneutics, learning from multi-layered experiences is deepened infinitely.*

In the vertical scaffolding, inspiring in medical praxis means having both insight and foresight in diagnosing health problems that encompass stratified interrelated contextual systemic actors and factors.

Figure. __The experiential learning cycle. (Cunningham & Wilson, 2013, Being a Doctor: Understanding Medical Practice



As a doctor, and my patients, students and stakeholders are all basically hermeneutics and phenomenologists. Learning intersects with social, political and historical spheres, constructing new texts and dialogues. Within each utterance there are different voices that lie on the “borderline between oneself and the Other ".. Within the praxis of medicine , there are a range of embedded voices , themselves permeated with ideological prisms of their own. All of these voices , the dialogical self needs to co-construct not only new knowledge , but meanings and values too. Bakhtin suggests that meanings are possible, and that we can construct , resist, re-shape and re-accent voices so that it becomes half-ours and half-someone else’s .. This work is an assertion of the voice of the author and of many others before me who engaged in dialogue .

Undoubtedly, experience as a source of authoritative knowledge is here to stay. There is much to learn from direct experience and science can no longer disregard it . It dawned on me that much of what we grapple everyday is narrative knowledge , needing validity and interpretation with meaning and values which are timeless , constant , unchanging and pervasive from the very beginning , if they are to be truly life-redeeming, life -transforming, and life-sustaining.

SUMMARY OF THE AUTO HERMENEUTIC FINDINGS OF MY LIVED EXPERIENCE OF MEDICAL PRAXIS (**THE PHENOMENOLOGICAL TEXT**)

This study provided the interpretive depth to move beyond the taken for granted understandings of what is like to live a life of doctor . It guided the study towards its goal of contributing new knowledge about the meanings associated with lived, living and future of medical praxis. The motivation to make this adjustment was forged in the lived experience of vulnerability, where transition points in a person's life called for personal strength and clear vision to adjust and go on. Within these points both positive and negative elements were contained at any one time and their weighing up was a testimony to universal human values like fortitude , character, resilience, Transition became part of everyday life, and the personal resources required to manage its shifting reality were bound up.

MY MICRO REFLECTION OF MEDICAL PRAXIS

The micro reflection part of this study refers to dissecting my personal self and personal ecosystem—God (my vertical dialogical scaffolding) and dialogical self and closest significant others /support system , the voices , and the 3 praxis spheres. It has validated my worldview on the spiritual part of my being and how to communicate it in the medical world I am in which is very science-based**.** At this time and age when we are all incorporating even in our laws whole-of-person, whole-of-systems, whole-of-government , whole-of-etcetera, where do we begin? Start with our whole selves as persons**.** And we will know how to navigate our world's problems, which all need thinking by wholes, and number one among these is medical praxis. Thanks to the pandemic, I opted to do this option: reflect on myself, my own to analyze it not only mentally, not only bodily, not only spiritually, but wholly, without denying or burying any one part.

Piercy (2013) in his Transformative Learning Theory and Spirituality: A Whole Person Approach discusses a biblical anthropology that embraces human nature as physical, emotional, cognitive and spiritual with recognition that adults are capable of learning within each of those realms. Embracing humans as spiritual beings necessitates the inclusion of spirituality in sense-making or creation of meanings out of their practices and lives. Defining spirituality as the quest for life-meaning and self-awareness for a higher purpose demonstrated through efforts to achieve the common good for all, offers a working definition by which to proceed with lifelong

learning that doctors are mandated to do. This, to me, was how my medical praxis went so far, and this is the way I want to help heal, breed, govern, mentor, and advocate. For this has transformed me and this alone I believe now and thereafter can be truly transformative to others.

The social constructivist perspective embraces the whole person approach not only in healing but in teaching, social advocating, and all other human dialogical activities , workings, behaving, being and doing. Spirituality is often overlooked in conventional traditional education at all levels. Spirituality is the dimension that deals with human quest for life-meaning and self-awareness for a higher purpose demonstrated through efforts to achieve the common good for all, of desiring the highest good of the other (Piercy, 2003). Mezirow et al frame this as internal dialogue which allows examining assumptions and beliefs to determine their validity in the light of new information. A higher level of critical cognitive reflection , described as connected, affective , intuitive dimensions on an equal footing with rationality. Freire's call this

MY <u>MACRO</u> REFLECTION OF MEDICAL PRAXIS deals with the part of medical praxis that extends and expands to other spheres **.** And these are my epiphanies during this reflective study**:**

- Medical praxis, or any profession for that matter is basically dialogical. i.e. relational, relationship-based.

- The meaning typologies I curated of my lived experience are all dialogical. These meaning typologies I find expanding expression in the enlarging dialogical space and they are generic to all, which gives me the resilience to traverse and navigate all 3 smoothly at any one or singly.
- All my engagements in the 3 spheres are relationship-based and a strong factor for my resilience in the horizontal scaffolding amidst the constant struggles to all aspects of my being : physical , emotional , mental, spiritual.
- My vertical dialogical scaffolding is the loudest voice I hear and want to hear and is the redeeming factor for my weak points. It is the reason why I feel triumphant and fulfilled in all the diverse stakeholder relationships .

REFLECTIONS ABOUT THE PARADIGM AND METHOD

I enjoyed this reflective study except for the worry that I may not be exercising enough reflexivity at every point. I see that I could be mixing up the voice of the perspective, the self-as-data per se , or the voice of the self as a person . The human mind has the capacity to examine or interrogate itself, with

one part addressing another part. The nuances are very tricky , if we are not keen and astute. But amazingly, that's one unique human trait, so while every self perspective is subjective, the self can consciously and reflexively segregate the person from the perspective and the data and see the perspective for what it is, and thus make it "objective" , so that this work stands still very much as a true empirical endeavor , even as it is part of a personally meaningful journey. ity that the doctor accepts the importance of the phenomenological method, because it leads to deeply reflecting on the daily experiences, and to find the meaning of these experiences in the unique way of each individual. All this in order to have the capacity to take actions that lead to the improvement of the pedagogical practice. This practice becomes transcendental because the educational sphere revolves around the subjective dimension of the agents that are part of it, whose understanding of the senses and meanings is fundamental, since it would allow us to know it, understand it, reproduce it and, if necessary, transform it.

Secondly, I get saturated several times with immersing into self, so it was helpful that I get respites every once in a while. Thus I needed to disengage for a time and come back to it to see whether the reflections would still stand, and amazingly, they proved timeless.

IMPLICATIONS OF THE RESEARCH FINDINGS

FOR PROFESSIONAL PRAXIS, especially MEDICINE

This study is a thoughtful understanding of the meaningful aspects of having a conversation which is of value to stakeholders . The practice of medical care has become emotive, value-laden, as the rhetoric often portrays people living as vulnerable and needy and this fosters images of dependency. It has validated the importance of sensemaking and meaning making even within a team or group or institution or community of practice, where empowering actions or deeds have no power different ; seeing stakeholders as persons, and what they they do their sociality, the things that give their life meaning, which can extend even with non-medical professional praxis, In turn , our caring is enhanced and reflection allows us to see ourselves as carers. This study challenges the unreflective practice of our humanity by asking questions of us as a society, as professionals and as human beings. The study began and ended with rich and illustrative stories and dialogues that drove the data and enabled us a sense of professional identity grounding as well as latitude.

This study validates more strongly my advocacy to promote meaning-making among my own spheres to teach and role model ethical behavior. Dialogism is a persuasive neutral framing within which for advocating going back to the essence of the

whole person in a very non-judgmental, non-self-righteous way, instead of the old pedagogic way of "preaching" universal principles of directing moral behavior and action, nor achieving best possible good for the greatest number, or a set of virtues for a good doctor. Physicians at their level possess by essence the dialogical capacity to bridge different value systems and meaning contexts with others only after they have navigated and confronted their own in an honest-to-goodness , inductive way. It is about juxta-positioning paradigms and seeing that our human intentions are after all good and all the same . Personal is always social and we need to reach for a common ground and to stand side by side.

The fact that here are already emergent fields organizations o*f* medicine aligned with dialogism attest to the arising need to revive and resuscitate the soul and heart of medicine through dialogue , such as Narrative Medicine , Whole-Person Medicine, Open Dialogue Approach in Social Psychiatry (Seikkula ET AK, 2011) and Dialogical Medicine (Dalbosco et al (2020). In the enlarging spheres, we can also hear about "dialogical education", "dialogic teaching", living "dialogue." In the clinical setting, one is that of the open dialogue approach of Seikkula who also live what they do, and also train . All of these investigate the hermeneutic idea of health but the emphasis is on the patients rather than the doctors. In its first part, the essay diagnoses, based on some texts of the German philosopher Hans-Georg Gadamer, the increasing technologization of contemporary professions and, specifically in the case of medicine, the risk of disappearance of self-treatment that this technologization causes. In addition to

medicine, it also briefly takes psychoanalysis and pedagogy to exemplify the risk of over-specialized professionalization. In the second part, the essay seeks to doubly ground the hermeneutical idea of health: on the one hd, in the heritage of Hippocratic medicine that supports Gadamer's point of view and, on the other hand, in dialogical praxis, considering it the core of philosophical hermeneutics itself. Still in its second part, the essay interprets three aspects of the Gadamerian dialogue, translating them into medical professional practice. Finally, in the third and last part, the essay shows that hermeneutically-understood medical treatment leads to self-treatment, which is an indispensable, but not sufficient, condition of the patient's cure.

FOR LIFE-LONG LEARNING

And life is about discovering this interconnectedness with all people and all creation, a development of self-awareness. We have all “-based learning”, thus this is what others call saul-based learning. Brain-based people would interpret it this way. Within the brain , chemical transmissions continuously and simultaneously process information from both conscious and unconscious sources. cognition and emotion are deeply interrelated perceiving and processing information from our external environments, and teachers have failed to tap this learning called “learning within relationship.” A human being only learns and transforms with another human being. This is the very essence of why Buber says that dialogue is basically relational, transcending even verbal or words.

Being so, it requires the dialogical meanings of trust, nurturing, redeeming , stewarding and inspiring this hermeneutic study has curated.

Transformative learning and learner-centered education is about whole-person healing. And only persons-made-wholes can deliver whole person education. Whole person learning links us to being sustainable by de-constructing our complexities and sophistication and always having a stable core of dialogical self . Vella (200 talks about spirited epistemology , that as adult learners we must take responsibility for our own learning and this depends on 4 principles: dialogue, respect, accountability, relationship-based learning. It is creating venues that allow even for mistakes as great lesson-givers and experience as the 'best teachers.

It is high time for theorists and practitioners in the field of medical education to continue working together toward the development of learning theories designed to engage the whole person including the physical, emotional, cognition(2013) that start with the learners .What is required is a science of description that will allow us to better explore the linkages between our micro-dialogues, on the one hand, and our public utterances and exchanges, on the other. The model of positioning proposed here is directed to that distant end (Raggatt ,2015). It is only a spiritually mature person that can learn and teach adaptive behaviors without losing solid values/virtue-based foundations. Dialogue is the higher order skill that entails not only emotional or cognitive but spiritual skills. Meaning-making , like dialogue, is very social in nature. No meaning

is acquired purely with self alone, it always needs another. And the need to have a voice is always in response to another towards creating something meaningful to both.

As natural teachers, doctors and non-doctors need to understand that all life, all praxis are learning and learning is deeply dialogical .

FOR FUTURE RESEARCH

In this paper a fusion of horizons/hermeneutic circle has been created between the lived experience of medical praxis of author and the hermeneutic research paradigm used to explore it. This fusion is reflected in the hermeneutic spiral created for this research through the coalescence of three key hermeneutic processes: the hermeneutic circle, fusion of horizons, and a dialogue of questions and answers. The value and rigor of hermeneutics was illustrated as a research process within the health sciences. The paper has de-centred the research topic, placing it as the context and vehicle for exploration of the research method of hermeneutics. As a communication scholar, I have discovered this strategy to be particularly valuable in helping to make this complex and often inaccessible phenomenon more readily open to exploration and interpretation. The multiple texts generated served to examine different aspects of professional engagement and to explore it from different perspectives. By re-conceptualizing the hermeneutic research as a structured process I was able to

deeply, repeatedly, and acquire a deeper and higher level of understanding of my medical praxis.

This study aimed towards assisting researchers and doctoral students considering hermeneutic interpretive phenomenology for their research studies. It offers a framework that combines frameworks based on Gadamer's philosophical underpinnings. This framework permitted an additional level of abstraction and interpretation to make meaning of the phenomenon in a way that was credible and faithful to the participant and my explanations. Although some authors may see a step by step approach as being antithetical to the philosophy of Gadamer, others have offered procedural steps to data analysis while following his philosophical tenets. We believe students who wish to engage in research underpinned by Gadamerian hermeneutic phenomenology need some structure and more user friendly approach that is less daunting to follow which hopefully this proposed framework. The best opportunity of first person stories told within this thesis were credible voices brimming such realities, stories that were honest and revealing, confronting. There is a huge chiasm too of use of hermeneutic phenomenology and this work hopefully helps bridge this chiasm a bit closer.

I hope to have contributed to emancipatory approach, Mezirow's cognitive rational -motivational approach , Daloz developmental approach , Dirkx and Healy's spiritual approach, The adult learner consists of "mental energy, feelings, motivations a spiritual being and must be given the freedom to self-discern and develop own sensibilities . Yet this is simply coming to terms with the very basic trusting relationship between a

mother and her newborn child (Wegerif, 2013). And so spirituality in this language is not religion but that which transcends, embraces any,

All life is dialogue and all dialogue is about learning. And adult earning is engaging in critical reflection concerning their existing frames of reference. This internal dialogue (self-talk/ prayer to a Higher Being) allows adult learners the opportunity to examine assumptions and beliefs to determine their validity and resonance in the light of novel experiential challenges. This involves a higher-order development that includes more connected, affective and intuitive dimensions on equal footing with cognitive and rational components. \

It is in relation to this research geared to the cultivation of a self-critical moral agent that dialogic perspective forms ethical reasoning and praxis among physicians. Dialogic ethics, and its attendant forms of ethical subjectivity, is neither passive nor unreflectively accepting of the status quo. In 'dialogue of visions', dialogic ethics creates a space for self-reflection beyond what is known and familiar. It is the relationship with others and not simply one's profession, with its shared moral values and regulative norms that is the anchor point that constitutes the critical foil against which one's ethical theory and moral practice is opened to scrutiny .

There is thus already a general consensus that humans are spiritual beings who seek to make meaning out of life and their experiences(Piercy, 2013). In light of this, adult educators must work to develop theories and strategies designed to engage the

spirit of adult learners so that they might gain deeper knowledge and understanding regarding life's experiences. And I began my journey with this study.

Hermeneutics in general as a method interrogates intentionality, experience, and existence. The subject strives to give meaning to experience while at the same time radically decentering, socializing and historicizing the subject (Brockmeier & Meretoja, 2015) . There is a place for hermeneutics of self in scholarly research. It enables a researcher to first make use of a vast metadata (Ioannidis, 2018). It can complement other qualitative and quantitative future data on the construct. that is perpetually available for interrogation. It enables one to dwell with what is closest, which is often the most difficult to see. It is most difficult though, makes one wrestle with one's own assumptions, challenge one's prejudices and ways of thinking. It is personally in itself, even at this season of my medical praxis, a game-changer. It is situated in critical reflection of my own experiences, where intersectionalities of multiple issues crosscut on each other. And in reflecting, writing it in this form becomes a dialogic platform itself. You, the reader and I, discover that " my vulnerability is your vulnerability, my struggle, your struggle, my questions, your questions, your dreams , the dreams countless others have had before (Fleck et al, 2011). "

Kerridge & McPhee (2004) posits that professional 'identity stories' commonly construct a philosophical and social image of the professional subject as a fully aware agent, a person who is both self-controlling and self-reflexive. That is, a person who engages in critical reflection and self- examination. To this end, a professional person is

meant to consciously submit self-evident forms of professional knowledge, moral reasoning and clinical practice to detailed scrutiny and evaluation. And to evaluate the adequacy of his or her actions against the moral intentionality of his or her own professional culture. However, because of the discursively exclusionary nature of professional communities, it often seems to be the case that professional views and practices remain methodologically immune to such critical forms of interrogation and analysis. Professions, like colonial powers, often attempt to impose their will upon different or opposing ethical systems . Because each profession's standards are imagined to contain the essence of rational thought and professional virtue that is foundational, they are unable to acknowledge the contribution that rival moral frameworks might make. Rather they risk being judged dogmatic and in need of assimilation (Krzychala, 2017).

Cunningham and Wilson (2013) concludes " Medical praxis is a complex subject, experienced by all practitioners, but rarely discussed," if I may add, if ever it is, or if ever dramatized in soap operas are very superficially and even distortedly taken up. It is my hope that readers of this perspective will imagine themselves in these situations, both doctors and non-doctors alike, and reflect on their own experiences. I honestly hope this work does help inform the public about the nature of the medical profession, help us all to face and resolve the challenges, to make it more effective. Being a doctor is much more than simply providing healing of disease, it has the mandate to increase resilience and wellness first and foremost of self that overflows naturally to others. To

provide better care, service and participation for all stakeholders, through a deep, thoughtful and reflective approach to clinical, educational and social advocative work. Our patient is essentially not an individual alone, or a family, but the entire society. Medical praxis is about a meaningful life-long journey of a resilient and transcendent dialogic self that never tires and speaks about trust-building, nurturing, redeeming, stewarding and inspiring .

So, what is doing a hermeneutics of the self all about processing evidence or data? Quoting C.S. Lewis, *"*If nothing is self-evident, nothing can be proved.*"* (Fleck et al, 2011) likewise concludes : "All the more it is about self, all the more it is about others. " And I add, all the more it is about others, all the more it is about God, Who owns the best hermeneutic eye and dialogical prism. The best medicine and shield in this complex world is still not laughter, but a pure relational heart , after God's own, that can articulate meanings through its many voices.

Having textualized my lived experience of medical praxis, I look forward to hearing your dialogical response, your own interpretation of my self-interpretations elucidated in this exposition. And the hermeneutic circle/spiral until higher level phronesisu/nderstanding/are achieved , never ending one and it goes on and on under the universal horizon of truths and realities, of both objective and subjective and the in-between, which together as a whole consist the total panoramic spectacle of our beings and our lived experiences.

This paper hopefully encourages doctoral students and other researchers to consider the hermeneutic approach in their research. For me this research has answered many questions, but also posed some more: How is medical praxis understood and perceived by the general population ? How can the hermeneutic process be used to inform other research? I have been encouraged by the flexibility, facility, and depth of the hermeneutic process as a research approach. In particular I have found it to be an effective tool for working within both the philosophical and experiential grounds that I had difficulty before discovering it. Now unlike before I have a scientific language to talk about matters so dear to my heart : whole-based, value-based and relationship-based care . I would encourage readers to see hermeneutics as a stimulating and deeply interpretive research approach which can examine complex human phenomena from multiple perspectives to produce rich theoretical and experiential interpretations and learnings of ourselves and our lifeworld, precisely because that is what we all are made of.

BIBLIOGRAPHY

Ajjawi R & J Higgs (2007) Using Hermeneutic Phenomenology to Investigate How Experienced Practitioners Learn to Communicate Clinical Reasoning The qualitative Report 12 (4): 612-38

Amalia et al. (2015). Dialogue in narrative inquiry. https://www.researchgate.net/publication/278329855.

Arnett, R (2008) . Dialogue as an Enlarged Communicative Mentality Communication Research Trends 27 (3): 245-60 CRT_v27_n3_Sept_2008.

Arfken M (2006) ,. Political Practice: A Hermeneutic-Phenomenological Inquiry. Doctoral Dissertations University of Tennessee.

Arnkil, TE .(2019) Cogenerating Dialogical spaces: Challenges for Open and Anticipation Dialogues and Dialogical Practices. *General/ International Journal of Collaborative-Dialogical Practices* 9(1): 37-50

Bamberg & Zielke (2017) . From Dialogical Practices To Polyphonic Thought? Developmental Inquiry And Where To Look For It. *International Journal for Dialogical Science* . 2 (1): 223-242.

Barge, J(2017). Dialogical Perspectives. *The International Encyclopedia of Organizational Communication.* DOI:1002/9781118955567.webeoc 057.

Baucal & Zittoun (2019). Religion as Dialogical Resource: a Socio-cultural Approach . *Integrative Psychological and Behavioral Science* 47 (2): 207-13.

Becker, J (2020). A Practical Guide to Discern the Voices in our Lives. https://www.becomingminimalist.com/a-beginners-guide-to-discerning-the-voices-in-our-lives.

Beech, N (2008). On the Nature of Dialogic Identity Work. http://www.researchgate.net/publication /247746908.

Bohanon, M (2019). The Evolving Field of Narrative Medicine: Core of the Human Condition Insight into Diversity.

Brock D (2013) . Interprofessional education in team communication: working together to improve patient safety. *Postgrad Medicine Journal.* 2013; 89 (1057): 642- 210-227.

Brockmeier J & H Meretoja (2016). Understanding Narrative Hermeneutics Https:www.researchgate.net/publication /305751990.

Brown and Garden (2017). From Silence into Language: Questioning the Power of Physician Illness Narratives. *AMA Journal of Ethics*.

Burton N (2015). Open Dialogue: A New Approach to Mental HealthCare. Podbulletin.com.

Buber, Martin (2003, 1960, 1955). The Life of Dialogue. Routledge Kegan Paul Ltd and University of Chicago Press (Editor: Maurice Friedman).

CAMPANELLI S (2019). The Lived Experience of Healthcare Leadership Dyads: Perceptions of Agency. Theses and Dissertations University of England

Carter, C et al (2014). Explicating Positionality: a Journey of Dialogical and Reflexive Storytelling. *International Journal of Qualitative Methods*. http://creativecommons.org/license/by-nc-sa/4.0/.

Childress, M (2017) " From Doctors' Stories to Doctors' Stories, and Back Again. *AMA Journal of Ethics*. 1-12.

Clark P (2002). Values and Voices in teaching Gerontology and Geriatrics: Case Studies as Stories 42(3); 297-303.

Corr, M (2019). A Rhetoric and Philosophy of Interprofessional Healthcare Education: Communication Ethics in Action.

Crowe, B (2006). Heideger's religious origins: Destruction and authenticity: Bloomington: Indiana University Press.

Davidsen, A (2013) Phenomenological Approaches in Psychology and Health Sciences. *Qualitative Research in Psychology*. 10(3): 318-33.

Davidson, S & J Michael (2010). Hermeneutics of the Self. *Ricoeur Studies* 1(1): 5-8 . http://ricoeur.pitt.edu.

Dieumegard et al (2019). Lived Experience as a unit of analysis for the study of learning. Learning, Culture and Social Interaction Elsevier 31.10.1016/j,lcsi.2019.100345.

Duffy, B.(2013) 10 steps to humanizing medicine and restoring joy back to the profession.

Encarnacao, M et al ( ) Narrative and Dialogical Reflexivity: An Approach between writing and Inner Speech . *Psicologia: Reflexao e Critica* 26(3), 609-616.

Fawkes, J (2012). Interpreting Ethics: Public Relations and Strong Hermeneutics. https://www.researchgate.net/publication/258179788.

Ferguson, S (2020) What is Discernment? https://www.ligonier.org/blog/discernment-thinking-gods-thoughts/.

Ferrer, J (2003). Dialogical Inquiry as a Spiritual Practice. https://www.ciis.edu.

Finlay L (2012). Writing the Pain: Engaging First -Person Phenomenological Accounts. *Indo-Pacific Journal of Phenomenology*. https://www.tandfonline.com/loi/ripj20.

Florescu C, Mâlcomete P, Pop NAl. Marketing-Dicţionar explicativ. 2003, Bucureşti, Editura Economică.

Floyd K. Comunicarea interpersonală. 2013, Iaşi, Editura Polirom.

Foshay R (2016)_. The Digital Nexus: Identity, Agency, Political Engagement . http://WWW.RESEARCHGATE.NET/PUBLIVCATION/299524020.

Foster, E (2014 .) Physician's Stories (Autoethnography, presence, and Rhizomatic Inquiry irqr.2014.7.3.290 .

Freeman, J (2014). Advocacy by Physicians for Patients and Social Change.. *AMA Journal of Ethics* 87((():1161-1164.

Frechette J et al (2020). Capturing Lived Experience: Methodological Considerations for Interpretive Phenomenological Inquiry . International Journal of Qualitative Mwethods 19:1-12

Gardner & Mortensen (2017). How to stay focused if you are assigned to multiple projects all at once. *Harvard Business Review*. www.hbr.org.

Georgaca, E (2003).(Exploring Signs and voices in the therapeutic space. Theory and Psychology . 13(4): 541-60 . sagepub.

Gorichanaz T (2017). Auto-hermeneutics: A Phenomenological Approach to Information Experience. *Library and Information Science Research* , 39(1): 1-7.

Gorichanaz T (2017). Questioning and Understanding in the Library: A philosophy of Technology Perspective.

Gorichanaz, T (2018). Perspective in information behavior research IR Information research. 23(4).

Glicksman E (2016) What do I do? Teaching tomorrow's doctors how to navigate the tough ethical questions ahead.

Grupetta, M (2004) .Autophenogmenography? Alternative uses of autobiographically based research . Paper presented at the CARE Annual Conference.

Guilherme A (2011) .God as thou and Prayer as Dialogue: Martin Buber's Tool for Reconciliation. https://researchgate.net/publication/257761854.

Guillen D (2019), Qualitative Research: Hermeneutic Phenomenological Method. Advances on qualitative research in education 7(267) pp. 201-229

Gentile M (2018). Giving voice to values.https://ssir.org/articles/entry/giving_voice_to_values.

Gutland, C (2018). Husserlian Phenomenology as a Kind of Introspection

Hammond, S et al (2003), The problematics of dialogue and power. Communication Yearbook, 27, 127-57.

Hermans, H (2001) .The Dialogic Self: Toward a Theory of Personal and Cultural Positioning. Culture of Psychology 7:24
http://cap.sagepub.com/cgi/content/abstact/7/3/243.

Holy Bible (2020). New International Version. Latest Version. Books of 1 Chronicles, Proverbs.

Horowitz et al (2003) . What do doctors find meaningful about their work? *Ann Intern Med* 138(9): 772-775.

Irvine et al (2004) Towards Dialogical Ethics of Inter-professionalism *J Postgrad Med*December2004Vol50Issue4 .
Isaacs W (2018). The systems thinker. Dialogic Leadership .
https://thesystemsthinker.com/dialogic-leadership/.

Ioannidis J (2018). Meta-research: why research on research matters . PLOS biology. http://doi.org/10.1371/journal.pbio.2005468.

Janisse, T (2018). High Tech—High Touch: Dilemma or Solution . *The Permanente Journal* 4(1) 1-3

Johansson et al (2020) .General Practitioners' Experiences of Digital Written .

Kalmoe, M et al (2019). Physician Suicide: A Call to Action. Missouri Medicine. 116(3):211-216.

Kent M & M Taylor (2002). Toward a dialogic theory of public relations. *Public Relations Review* 28:21-37.

Kerridge & McPhee (2004). Towards a dialogical ethics of interprofessionalism. *J Postgrad Med* 50:278-8-

Keshavarz H (2020) J Inf Sci Theory Pract 8(4):29-39

Krzychala, S. (20 17) Professional Praxis Community in a Dialogical Perspective: Towards the Application.

Krawczyk et al (2013). MICRO-MESO-MACRO Practice Tensions in Using Patient-reported outcome and experience measures in hospital Palliative care. http://eeprints.gla.ac.uk/159523.

Kumagai Aet al (2018) Dialogues on the Threshold: Dialogical Learning for Humanism and Justice . *Acad Med* 93: 1778-83.

Kumagai A(2019). Beyond "Dr Feel Good": A role for the Humanities in Medical Education. *Academic Medicine* 92(12):12 Association of American Medical Colleges.

Lee & Cosgrove (2014) .Engaging Doctors in the Health care Revolution. *Harvard Business Review.*

Levi M (2019) .Why InTJs Make Great Social Advocates Psychology Junkie. https://www.psychologyjunkie.com/2019/05/25.

Lysiak and Puchalska-Wasyl (2019). Functions of internal temporal dialogues. *British Journal of Guidance and Counseling*. 47(2) .

Lysiak and Puchalska-Wasyl (2019) .Functions of internal temporal dialogues. *British Journal of Guidance and Counseling.* 47(2) http://doi.org/10.1080/03069885.2018.1540141.

Mahdian & Liaghat Dar (2014). Hermeneutic in education with reflection on Gadamer's ideas of conception. *Journal of Novel Applied Sciences* 14 (3-4): 371-375

Major et al (2018). A Dialogue about Educational Dialogue: Reflections on the Field and the Work of the Work of the Cambridge Educational Dialogue Research (CEDiR). WP_04_2018_CEDiR.

Marchenkova, L (2005) . Interpreting Dialogue: Bakhtin"s Theory and Second Language Learning. Thesis. Ohio State University.

Matusov (2009) .Journey into Dialogic Pedagogy. https:// www.researchgate.net/publications/28`654792.

Mcilveen P (2007). Dialogical Self: Author and narrator of career life themes . *International Journal for Educational and Vocational Guidance*. DOI:10..1007/s10775-007-9116-6.

Meijers & Hermans (2018). The Dialogical Self Theory in Education: A Multicultural Perspective . Downloaded at the research gate.

Meurs P . (2012). Education as Praxis: A corporeal Hermeneutical Account. 363-376-meurs-meta8-tehno .

Mittermaier, S (2019). Determine Which Voices In Your Life Are The Ones You Should Listen To https://thriveglobal.com/stories

Motta, F et al (2013). Narrative and Dialogical Reflexivity : An Approach between writing and inner Speech. *Psicologia: Reflexao e Critica* 26(3): 609-616.

Negro, N. (2020) Phenomenology-first versus third-person approaches in the science of consciousness. *Phenom Cogn Sci* . https://doi.org/10.1007/s11097-020-09681-3

Neubauer, B et al (2019). How Phenomenology can help us learn from the experiences of others. *Perspect Med Educ* 8:90-97.

Nouri, A (2014). Dialogic Learning: A Social Cognitive neuroscience View. International Journal of Cognitive Research in Science, Engineering and Education. 2(2): 1-6.

Olson, et al (2014). The Key elements of Dialogic Practice in Open Dialogue: Fidelity Criteria. http://umassmed.edu/psychiatry/globalinitative/opendialogue.

Ono, F (2020) .Morphology of the Voice in the Hermeneutics of Martin Buber. *JISMOR* *

Osborne, S (2016) The Lived Experience of Risk for a Person with A Recent Diagnosis of Dementia : A Longitudinal Phenomenological Study PhD diss Victoria University , College of Arts, Melbourne Australia

Pasilla A et al (2015). Collective voicing as a reflexive practice. Management Learning 46(1):67-86.DOI:10.117/13505076113488310.

Patel , A (2016). Why do we need more doctors opting for academic medicine? https://medium.com.

Paterson M (2005) Using Hermeneutics as a Qualitative Research Approach in Professional Practice The Qualitative Report 10:2

Pietkiewicz & Smith (2014) .*Psychological Journal* 20(1): 7-14.

Piercy G (2013). Transformative Learning Theory and Spirituality: A Whole-Person Approach . *Journal of Instructional Research* 2: 30-42.

Previato & Baldissera (2018). Communication in the dialogical perspective of collaborative interprofessional practice in primary health care. *Interface comunica* 22(2);1535-47.

Puchalska-Wasyl (2016). The functions of internal dialogs and their connection with personality. *Scandinavian Journal of psychology* 57: 162-168.

Purcarea VI (2018). Interpersonal Communication in health care . *Journal of Medicine and Life* 11(2): 119-122.

Rantatalo & Karp (2016). Collective reflection in practice: an ethnographic study of Swedish police training Reflective Practice 17(6: 708-23 Routledge .

Raggatt P (2015). Positioning: Dialogical voice in mind and culture. Theory and Psychology. https://www.researchgate.net/publication/281682884.

Regan, Paul (2012). Hans-Georg Gadamer's philosophical hermeneutics: Concepts of reading, understanding and interpretation. Meta: Research in Hermeneutics, phenomenology and practical philosophy IV(2) : 286-303. ISSN 2067-3655.www.metajournal.org.

Renedo A et al (2017) .Experience as evidence: the dialogic Construction of Health Professional Knowledge through Patient Involvement. *Sociology* . http://www.resarchgate/publication/312544016.

Robinson, B (2015) . Meaning versus Value . www.pastorbenjamin.com.

Roth, P (2019) . Dialogical Medicine; The Evolution of the Narrative. https://medium.com.

Rule, Peter (2004). Dialogic Spaces: Adult education and social engagement. International *Journal of Lifelong Education* 23(4): 319-334.

Sadati, A et al (2016). From good to great physician: a critical ethnography based on patients' views. *J Med Ethics* 9:18.

Santamaria & Ade-Ojo (2019). Other people's voices: a reflective inquiry into power and voice within the classroom and the implications of researching one's own practice. *Educ Rio de Janeiro*. 27 (105 : 755-776.

Santrauka, M (2019) .View of Martin Buber's Dialogical Communication- Life as an Existential Dialogue *Filosofija. Sociologija* .

Seitz, R et al (2016). Theories of believing: where do they come from ?what good are they for . *Research* 5:2573.

Stewart & Kellas (2019). Co-constructing uniqueness: An Interpersonal Process promoting dialogue. 28(1):5-21 *Atlanta Journal of Communication*. Routledge Taylor & Francis Group.

Svenaeus, F (2019). A defense of the Phenomenological Account of Health and Illness . *Journal of Medicine and Philosophy* 44 : 459-478 doi:10.1093/jmp/jhz013.

Svenaeus, F (2015). Hermeneutics, Health and Medicine. Routledge Companion to Philosophical Hermeneutics, eds. Malpas & Gander, pp. 550-60.

Seikkula, J (2011). Becoming Dialogical: Psychotherapy or a way of life? https://www.researchgate.net/publication/228468048.

Shanafelt T et al(2019). Healing the Professional Culture of Medicine. Mayo Foundation For Medical Education And Research. *Mayo Clin Proc* (94(8):1556-66.

Thomas R K (2018). Health. Services Marketing. A Practitioner's Guide. 2008, New York, Springer.

Trubshaw D (2020) The Axiological Turn in Epistemology, Part 3: Towards a Resolution of the Epistemological Impasse . ALL WORDPRESS.

Throne, Robin (2019). Autoethnography: Internal Dialogue & Research of the Self. Autoethnography and Heuristic Inquiry for Doctoral -Level Researchers: Emerging Research and Opportunities. P1402-4-E.

Vergara, O (2017) Hermeneutics and decision making in clinical ethics . Rev.bioet. (impr.) 25(2):255-63

Virchow, R (2017) .The physician voice: when advocacy leads to change. Canadian Medical Physicians Association. https://www.cmpa-acpm.ca/en/.

Walsh & Mann (2015). Doing Reflective Practice: A Data-Led Way Forward. *ELT Journal*, Oxford Press. DOI:10.1093/elt/ccv018.

Wilson & Cunninghm (2013). Being a Doctor: Understanding Medical Practice. Otago University Press .

Wistrand J (2018) . Doctors as Patients : An Interpretative Study of Two Literary Narratives. *Ars Medica* 13(2)4-18.

Wegerif R (2013). Dialogic : Education for the Internet Age. Routledge Taylor and Francis. www.researchgate.net .

Wegerif & Major (2017) .Buber, educational technology, and the expansion of dialogic space. *AI & Society* (2019) . 34: 109-119.

Whitehead P (2012). The Lived Experience of Physicians Dealing with Patient Death . Department of Family Practice. British Medical Journal University of British Columbia.

Yang S, et al (2015). A study on Dialogic communication, Trust, and Distrust: Testing a scale for measuring organization – public dialogic Communication. http:dx.doi.org/10.1080/1062726X.2015.1007998.

Yuksel & Yildirim (2015). Theoretical Frameworks, Methods, & Procedures for Conducting Phenomenological Studies in Educational Settings. *Turkish Online Journal of Qualitative Inquiry*. 10.17569-tojiki.59813-199867.

Yin R (2014). Case Study research design and methods. Canadian Journal of Program Evaluation .

Zarzycka & Puchalska-Wasyl (2019). Can Religious and Spiritual Struggle Enhance Well Being? Exploring the mediating effects of internal Dialogues.*Journal of Religion and Health* https://doi.org/10.1007/s10943-018-00755-w.

Zahavi D (2019) Applied Pheno : why it is safe to ignore the epoche. *Continental Philosophy Review.* Applied phenomenology: why it is safe to ignore the epoché | SpringerLink

Zhou & Xu (2019) . Remaking Dialogic Principles for the Digital Age: The role of Affordances in Dialogue and Engagement. *SocArXiv* soi:10.

_____ (2013)An Overview of a theoretical framework of phenomenography in qualitative education research . *Asia -Pacific Forum Science Learning and Teaching* 9(2): 11*

_____(2013)Phenomenology-First Versus Third-Person Approaches in the Science of consciousness: the Case of the Integrated Information Theory and the Unfolding Argument . *Phenomenology and the Cognitive Sciences*. DOI

_____(2015). Science News. Science Daily. Over 95% of the world's population has health problems, with over a third having more than five ailments -- ScienceDaily

_____ (2017) Giving Voice to Values. Brief Introduction UVA-OB-1203

APPENDICES

APPENDIX A

1. FIRST DATA SET: STRUCTURE OF AWARENESS

Space: location and the medium of encounter
Margin: people I am in interaction with
Thematic Field: dialogical methods/activities/action
Horizon: background sphere (clinical, educational, social advocacy)
Outcome: meanings / essence/ achieved /intended /valued human aspirations /byproducts
Inhibitors and catalysts

AS A PHYSICIAN

DIALOGICAL SPACE	DIALOGICAL MARGIN	DIALOGICAL FIELDS	DIALOGICAL MEANINGS	DIALOGICAL INHIBITORS	DIALOGICAL CATALYSTS
Community-based clinic	Encounter with community leaders, co-advocates	Face-to-face Doctor-patient consultation , history-taking and physical examination Family meetings Patient follow-up visits	Disease diagnosis and management Patient education Family relationships	Physical illness Being in other spheres	Love for and from patients
Hospitals	Encounter with patients, colleagues	Medical interventions and confinement Family meetings	Family relationships Family support	Hostile rules for family physicians	Colleague support
Mediated Mails	Encounter with patients		Counseling	Technical	Time
Internet		Questions, clarifications, troubleshooting, emergency	Emergency Follow up Questions	Technical	Time
Social media		Questions, clarifications, troubleshooting, follow up questions	Emergency urgent	Technical	Time

Structure of Awareness of Dialogical Meanings , Clinical Sphere

AS AN EDUCATOR/TEACHER

(The results are presented as an outcome space, which is defined as the logically structured complex , a diagrammatic representation , a map of territory. Has two elements: descriptions of each category and selections of illustrative statements accompanying each category. The outcome space can be represented in various formats, tables, diagrams and figures. Can be arranged hierarchically or chronologically. . this denotes the evolution of the participants' experience of a phenomenon.)

DIALOGIC SPACE	DIALOGICAL MARGIN	DIALOGICAL FIELD	DIALOGICAL OUTCOME (meaning units)	DIALOGICAL INHIBITORS	DIALOGICAL CATALYSTS

Classroom	Encounter with medical students and academic co-faculty	Didactic lecturing workshops	Understanding Knowledge co-creation Contributing to a community of learners Being part of honing future MDs Building and being part of an ever enlarging Network	Lack of navigating skills for technology Unaddressed Fears Being rushed Pandemic lockdowns	Passion to teach (genetic) Authenticity Love for learning per se Grit
Outside classroom	Encounter with medical students & faculty	Mentoring/coaching	Counseling others Mental disorder prevention Support system enablement Knowledge co-creation (research)	Student:teacher ratio Pandemic lockdowns	Creativity Contact numbers
Healthcare Facility/community	Encounter with medical students and co-consultants in medical and allied disciplines and patients and their families	Bedside manners Demo Family conference Community engagements	Disease management Disease prevention Relationship-based care Value co-creation Professionalism Ethics	Local community problems Lockdowns	Quest for self-integration Invitation
Distance education	Supportive mentors Accessible classmates	Hospital administration DCOMM	Management and organizational skills People skills	Technical glitches	Grit Love for learning
Blended learning	Self-reflection Encounter with faculty mentors and classmate	Behavioral science Mental health Human rights law	Mindfulness Reflective Practice Lifework balance	Travel restrictions Technical glitches	Love for learning Digital
intercultural					

AS A SOCIAL ADVOCATE

DIALOGICAL SPACE	DIALOGICAL MARGIN	DIALOGICAL FIELDS	DIALOGICAL MEANINGS	BARRIERS	ENABLERS
Professional groups Inter-professional learning venues	Encounter with multi-disciplinary personas	Government agencies Public sector (church,	Participatory action Speakerships Book Writing—having a voice that can endure	Personality bordering on introversion Emotionality based on previous experiences Lockdown	Spiritual Grounding Transcendence Self-awareness Grounding Having a compass Inspiration from creatures and creation
Outreaches	Indigenous peoples/GIDAs			Job restrictions Lockdown	Invitations invitations
Community projects with international agencies		Stakeholder engagement	Collaboration Co-creation	Social prejudices Job restrictions Lockdown	invitations
Other (speakerships	Encounter with audiences from publics Inter-faith	Seminar Occupational health Counseling	Interprofessional/disciplinary collaboration/learning Transcendence	Technical Work restrictions Lockdown	Passion to educate Digital invitations
Virtual	Encounter with general public	Quad media FB live/webinar	Public health education Publication (textbook and journals)	Technical	Digital invitations

APPENDIX B

2. SECOND DATA SET: FREE FLOW RECALL ON PRAXIS ON EACH SPHERE

BEING A PHYSICIAN

I wanted to be a doctor for as long as I could remember. Perhaps I was inspired to be someone nobody was in our entire clan. Or I sustained injuries several times that caused me embarrassment during childhood , like having a scar that made me experience being sutured in the face that created a scar which needed me to cover it with my hair, and I had great admiration for the GP. Or having experienced my mother delivering at home to a beautiful angel-looking brother we all waited for 7 years to come, but becoming lifeless just after minutes. An aunt who nurtured me, cradled me, dying of an unknown illness . My mother experiencing all kinds of disease from goiter to miscarriage to ectopic pregnancy while I was young.

I loved my community-based family practice and my families and communities loved me. Some would come from far-away places as one bunch. I was so bold doing general practice including normal deliveries, circumcisions, excisions , even learned to do my own ECG and ultrasound. It was ironic that during my clerkship I wasn't able to deliver not a single one because our OB rotation coincided with the renovation of the hospital. Then when I was invited to teach in a medical school right after graduation, I practiced moonlighting so as to prevent myself from commuting . Day 1 I was a bradycardic baby and I didn't know what to do. That experience led me to master delivery , and I had a chance of delivering about 300 in my practice . I told myself if midwives can do it, why can't doctors? Delivering is something I can do till my old age. If not for the call to teach, perhaps I would still be doing it. It somehow redeems the death of my first brother, when my mother delivered at home, and the fact that I was also home delivered.

Waiting for the next patient to come, I would be doing cross-stitches . When patients were around and usually they came by families, these chica-filled interactions were most fulfilling and dialogical. I was most fulfilled doing couple counseling during prenatal visits. Serving the families during milestone time: seeing the first sign of heart beating in the ultrasound, birthing a new member, putting the baby onto the mothers breast, cutting the umbilical cord, assisting breastfeeding. ---- I was most fulfilled giving an experience of a home-like delivery with simple hospital features like IV fluids, oxygen, delivery table, suction machine and monitoring. still circumcision, saying goodbye to a small cyst, wart, battle with chronic illness, attending to a violent mentally ill , home visits, and even declaring death. The only thing I missed doing

was opening my clinic to mentorship and practicum . Or bringing my children more to see me doctoring and witness the relief in my patients' faces..

My patients were spoiled, my relationship with them was so open and trusting, that many times I even served as an ambulance for them. I loved doing all-out service to them like they were my own family. It's just sad that some would abuse that. And I also abused myself. I made myself accessible 24/7, sleeping with my cellphones , entertaining emergency calls even in the middle of the night. I could not give up either clinics or academies. The thing I didn't like about clinic practice was sometimes I would miss special occasions for my children for patient care. I was so passionate about defending medicine as a calling , like when there were band wagon doctors becoming nurses in the early millennium I wrote this article entitled " To be a doctor for the right reasons" that landed on 4 editorial pages. I defended it in such a way that people understood the rationale of having doctors distinct from others' roles and to persuade doctors to hold on as doctors for a while longer until the tide turns again . I did it by explaining the difficult plight doctors were in by even being then crucified with the malpractice bill. I lobbied that both the doctors and the nurses be assisted in the right way. I also came head on confronting a book written by colleagues who unintentionally devalued the image of doctors that ended with them apologizing and pulling it out of print. It's so fulfilling having patients who would send me pictures of their children I delivered, after 20 years, mothers who would insist that I deliver their babies after 10 years. I experienced delivering to all 4 children, mother deliberately waiting for me to arrive from the US from a study or from a medical mission because she did not want anybody else but me . More than anything I was thankful that I was a doctor because I was a doctor many times to myself and to my husband when we experienced near-death experiences. I was also able to take care of my diabetic parents. Once a doctor , always a doctor, even when we are sick and disabled ourselves.

In the past 3 years, I also had an experience doing practice in a totally different context: with the patients on the top social ladder as a senior primary care physician. I was relieved of the hassles of managing and running my own clinic and concentrated on doctoring. I realize more than ever in this experience that the poor and the wealthy have the same health problems.

BEING AN EDUCATOR/TEACHER

Doctors are not really trained in conventional medical schools how to teach . One day, a colleague in Family Medicine told me our Anatomy Professor was looking for pioneering faculty who are alumni of our Alma Mater for a new medical school being put up by a co-alumnus (all the 3 have passed on). Since that time I have been into various medical schools, so I don't just birth babies, I have been part of

birthing many new medical schools in the country, all by invitation. Maybe for me it was a genetic inclination, I come from a family of teachers. And a victim of circumstances : just days after I took the board exam, I got invited to teach in a new medical school, a 3 hour hi-way ride. So after 30 years, I found myself passing NLEX from assistant clinical instructor to being dean—what a unique fate. I never liked leadership, I fear speaking, it takes a lot of nerve and palpitations for me to speak in front of people, I get very self-conscious. I used to be very shy. I was born and raised in the barrios. But since I was a child, my father taught me how to deliver speeches, to compete , to gather medals , tap both parts of my brain by getting to learn the piano, swim , do folk and Hawaiian dancing, and sing. Even if he called me a rebel joining a 'born-again' group, he allowed me and even defended me with my high school teachers who thought I was being too distracted and becoming an activist. My father role-modeled to me how to be a good teacher. He was a good author, a thinker. He was a linguist. A painter, he taught me how to sketch, type very fast. When I was a toddler and he would visit us in the barrio because he was still finishing his masters, he taught me how to sing and he told me stories , while he did *kuyakoy* with me on his knees. As a teacher, I am not as articulate as I want to be, not good at explaining. The only thing I couldn't do was to deliver the punchline well. It was not thus a surprise that I married a teacher like him, except that he is an engineer, and 2 inches taller.

Because I teach, I need to always upgrade myself, which is the reason why I don't stop learning, despite my busyness in various manners. I grabbed scholarships that came in conflict with jobs. But there is really time for everything. My north star is always where I can have a focus on my real trajectory and where my skills are most appreciated. When I was still thinking of enrolling in DCOMM, many were advising me against it, "you don't need it anymore". Now I prove them wrong. Now I see how timely, how functional , how beneficial this degree is not only as a credential builder but most importantly for self and world understanding.

I served as student prefect for 8 years so I talked to students a lot. I am very pro-student to the point of being heretical. I defended a student against an administrator. I just hate cheaters. I don't flunk, give all the chances even for outliers , except for my very poor and arrogant attitude . Even after delivering didactics to a 150—member class , sometimes when time is short for what I want them to do, I do interactive questions that students answer in any scrap of paper and I read each one of these. I make it a point to answer all those who take time to email, PM , write, call or see me. I think I lack eye contact, but I do eyeballing in intimate groups. I get affected when I see someone leaving to go to CR and I tend to lose my thoughts; I get offended seeing students sleeping (even if I did it

myself when I was a med student too) . I am poor at remembering names but I know the reason for every grade I give.

Even as a teacher for 40 years now , I must admit there is learning by intuition. There are things we cannot yet explain, but it doesn't mean they are not true or real. I was doing a reflection session with medical students in a boot camp : one Nigerian, one Indian, one Malaysian, and 20 Filipino medical students ranging from second year to third year medical students of a state university medical school. We were in a beautiful vacation house in Vigan for almost a day, and the finale was I gave them each a LED tea candle and asked them make something as a group, a figure a symbol out of each of the candles to speak of what they learned from the boot camp as their guide to aspiration towards being a doctor. Each of the participants put on top of the table one by one very spontaneously forming a figure that did not make any sense for a long while. Everyone including me tried to interpret the figure but we were all until this bright and sensitive Nigerian student in a eureka moment traced out a figure of a man holding a baby **, a**nd yes, everyone else saw it, and we were all enthralled. A gem. But that's not the end of my surprises that day. The group sang their own original composition about what it means to become doctors for the communities. Many things I love about teaching: feeling young being with them, learning from their generation, the things their generation teaches baby boomers like me, their techy-ness with gadgets, their multi-tasker brains, their love for play. I don't enjoy preparing MCQs much, because I love to read essays. I can still remember in my mind the funny things (including their grammar) that I read my ex-students wrote and they are now very successful doctors with greater miles than mine. One thing I prove through the years, their grammar does not correlate with competence or success. Most of them, from 7 different schools, are still close to me in FB, a few are my *inaanak sa kasal, kinukuha pa ninang maski sa apo na.*

BEING A SOCIAL ADVOCATE/ADMINISTRATOR

Very few doctors go into volunteer social advocacy, but for me , I think it has been in my heart ever since my high school days , when in a term paper, I wrote I dreamed about being a doctor, teacher and/or a social worker. I have been into medical missions to the tribes ever since my residency years. The longest engagement I had in the Ata Matigsalug Tribe of Davao was 2 weeks, where we trekked for 3 hours to reach the place , crossing rivers, riding on carabaos or rafts and immersing ourselves with the indigenous culture. These came as invites from NGO and faith-based organizations. Although I am not really the typical rhetorical articulate sociable outgoing type of person I always been challenged with leadership positions that I didn't really seek, ever since my

highschool days. But I make sure I do respond, and my main motivation always is for the sake of forcing to expose myself and learning things on the ground and somehow I always feel compelled because those opportunities do not come easily to many and they may not come again, sayang naman. Like upon finishing my residency I was offered to be medical director of an industrial polyclinic. I felt totally inadequate so that I was led to take a certificate course in Occupational Health to cope. Months later, I thought of putting up my own community-based clinic near home , a one-stop kind with pharmacy, x-ray, ECG and ultrasound, laboratory and lying-in clinic, complete with 6 employees . At this time, I was already a consultant at PGH, but without compensation . Sadly, I gave up my WOC position for my then booming clinical practice and being the medical director on top of the same. Plus of course , raising 3 young kids and being a wife to an equally busy academician-engineer. I offered a very inexpensive cost of diagnostic and therapeutic services and generic medicine to the community , mainly catering to class C-E . My training in PGH really helped me have enough confidence to do such. I studied MHA distance ed to gain managerial skills . It later branched out into 2 venues. I haggled with this practice and management for about 20 years even while being a faculty and administrator of a medical school . The only thing that made me give this up was when I was offered for the first time to be dean of a new medical school in a distant region. I would accept invites for radio talks , medical missions both local and abroad.

Three years ago, I was invited by the European Union to be a Technical Expert to put up a Center of Excellence in Primary Care again in a distant region . I loved this mission because it was grassroots developmental work tied with the Department of Health. I felt so challenged with it because it was about leveraging both academe, LGU, and CHED, and professional organizations to collaborate. It challenged me about participatory and collaborative work with multi-level stakeholders. I never imagined how difficult the task could be . It would have been a continuous project beyond 4 months had it not been for the EU having to leave the country for good. It kept me on my toes on research and program management and writing.

Two years ago, I was invited to work with the Department of Health. Loved this job developing teaching modules on Traditional and Complementary Medicine until , after barely 9 months, some doors opened for World Health Organization scholarships aligned with my first love, mental and behavioral medicine, so I had to give it up. Tracking mental health this time, I had a chance to gain a brush with multicultural groups from 16 countries. Last year also, I was invited to join a multidisciplinary panel of experts consisting of cardiologists, psychiatrists, psychologists, pharmacists and academicians to draft policy for ASEAN Control of Non-Communicable Diseases. We have so far completed a journal publication.

I also get invited to speak and write for planning endeavors of UP and DENR for environmental health with regards climate and planetary health. I get invites on quad media to talk on mental health. I serve as chairmanship and active participation in the Philippine Academy of Family Physicians and Philippine Society of Public Health Physicians . Having this degree in DCOMM indeed is a big help. With the advent of the pandemic, I now get the hang of zoom and webinar speakerships.

Last year , I also put up an NGO called Center for Integrated for Mental and Spiritual Health, but which was put to a halt because of the tragedies of 2020. I wonder if it is a redirection to a change of focus.

APPENDIX C

THIRD DATA SET : EXPLICATION OF VOICES

DIALOGICAL VOICE Doctor	SUSTAIN	ENHANCE	MODULATE
	1. Voice of healing 2. Voice of inspiration-resilience, transcendence 3. Voice of hope 4. Voice of friendship 5. Voice of a counselor 6. Voice of presence 7. Voice that is accessible 8. Voice that explains 9. Voice of intimacy	1. Voice of presence 2. Voice that balances –uncertainty 3. Voice of self-compassion 4. Voice of someone who has listened first 5. Voice of an integrated person 6. Voice of comfort (musicality included) 7. Voice of a virtual doctor	1. Voice of a rushed doctor—voice of stress 2. Voice of a paranoia 3. Voice of over authoritative , prescriptive

	10. Voice of honesty and transparency 11. Voice of a child of God 12. Voice that is firm 13. Voice that affirms 14. Voice that speaks of uniqueness		
Teacher	1. my voice as a learner 2. voice as a student of God 3. The voice of my life 1. Voice of relationship 2. Voice of a balanced brainer 3. Voice of experience	1. Voice of a facilitator of learning 2. Voice of a real-world teacher (experiential) 3. Voice of dialogue 4. Voice of redeeming 5. Voice of a learner-centered 6. Voice of transformation 7. Voice as a researcher	1. Voice of an insensitive
Social Advocate	1. Voice of promotion and prevention 2. Voice of whole person / systems society medicine 3. Voice of participatio n	1. Voice of confidence 2. Voice of a Collaborator 3. Voice of a Loyal, faithful 4. Voice of a changemaker 5. Voice of health communicator	1. Voice of impatience 2. Voice of a rejected child 3. Voice of resentment 4. Voice of vindication

4. Voice of a team builder and player
5. Voice of grace
6. Voice of a writer
7. Voice of a systems thinker

VOICE OF OTHERS	SUSTAIN	ENHANCE	MODULATE
Doctor	Voice of family who listen Voice of the vulnerable Voice of the depressed Voice of the hurting	Voice of the confused Voice of the hopeless	Voice of mistrust
Teacher	Voice of students Voice of colleagues Voice of research Voice of person-centered care voice of my husband-teacher Voice of my father –	Voice of books and well-thought of pieces in the internet Voice of dialogical approaches in healthcare Voice of qualitative research	Voice of arrogance Voice of disinformation

social systems player/leader	voice of transdisciplinary collaboration Voice of complementarism Voice Voice of wholism	Voice of true dialogism –voice of value and knowledge co-creation Voice of spiritual health Voice of creativity Voice of authentic and enduring relationships Voice of trust Voice of transcendence Voice of love –God	Voice of self-centeredness Voice of bad politics Voice of gossip Voice of apathy and indifference Voice of competition

APPENDIX D

FOURTH DATA SET: GUIDED INTERVIEW

1.0 PHYSICIAN

What is/are most precious to you in this sphere?

Giving intimate presence to those who need it.
Gaining confidence of those who trust me fully

"*Mawala na lahat wag lang tiwala* "

Being part of a healing process "*You heal yourself, I just guided and assisted*"
Being sensitive

Who are your most important relationships?

God
Tatay
Nanay
Ric
The patients who trust me enough to refer and takes pride in their family doctor
My mentors and colleagues

Who were the voices that made a difference to you?

Voice of God through the Scriptures
Voices of the patients
Selected role models
Voice of family

What are your voices that you treasure as a physician?

Voice that comforts " *we may not always cure, but we can always hold a hand*"

Voice that gives hope
"talk to your fear,welcome them, ask them what they can teach you "

Voice that redeems. "*grace to still make things better*"

Which voices will you carry to the new normal?

Voice that embraces uncertainty. "*being prepared for the worst scenario*"

Voice that enlightens. "*self-awareness is key*"

Voice that inspires. "*walking the talk*"

2.0 . EDUCATOR/TEACHER

What is most precious to you in this field?

Investing in the lives of future physicians who will touch many other lives
“my mentors were mostly WOC or under compensated”

Having a reason to always be on my toes
“forced to always seek upgrading and to conduct research”

What difference did you make in this sphere?

“Giving voice to the muted”
“Teaching what is not taught—teaching how to learn”
“Innovating curricular maps that are ontologic “

Who were the voices that made a difference to you?

Voices of the students –teachable , malleable , learner
Voices of my family who are all into teaching——delikadeza, integrity, grit, excellence
Selected mentors
Many mentors till doctorate, from high school

Who are your most meaningful relationships here?

“Faith walking people—"Haggai—believers from all over the globe from all professions”
“Friends I meet from all cultures –“from all belief systems, yet our hearts are so knit “

What are your voices that you treasure as a teacher?

Voice that gives insight “ whole-person…value-based”
Voice that gives feedback “ responsive to those who are inquisitive”
Voice that teaches them how to learn

Which voices will you carry to the new normal?

Voice that bridges “never say no to anything that sharpens “
Voice of evidence “speaks to correct misinformation and disinformation”

3.0 Social advocate

What is meaningful to you in this field?

"Being collaborative with nutritious people "
"Taking risks for the hard-to-reach"
"Transforming lives a thousand at a time"

Who were the voices that made the most difference to you?
"*God"*
" People who are balanced and integrated"
"*Voices who are complementary and reconciliatory"*

What are your voices that you treasure as a social advocate?

"Voice that is Integrated and balanced"
"Voice of harmony"
"Voice that have roots"

Which voices will you carry to the new normal?

"Voice that is strengths-oriented"
"Voice of adaptability"
"Voice that questions"

APPENDIX E

FIFTH DATA SET : THEMATIC CATEGORIZATIONS OF RECOGNIZED VOICES

VOICES I WANT TO SUSTAIN AND ENHANCE

The 3 voices I express myself most that I enjoy. What are the messages you tell others in these voices? Reflect on the times you gave most meaning to in learning the greatest lessons most meaningful to you as a person in relation with others that, the most valuable you consider.

1. Voice as a doctor

    a. Voice that treats my patients as whole persons

Trusting a doctor and seeking help , putting one's life in the discretion and guidance of a doctor about one's health and well-being is a big deal, and so I give my all to serve others when given the opportunity. I feel their trust most when they communicate their deepest sentiments to me. The things I treasure is when they say, *hiyang sila* sa akin, when they heal the moment they see me . To me it's because I see and interact with them as whole persons—what are meaningful to them I ask about . I intersperse chika with history-taking. And even if sometimes it is irritating to hear " *Kelan pa po masakit tyan ninyo*?" they will answer " Nung kinasal ang apo ko", when some would be tempted to say in a *pilosopo* way, " I enter into their world and say, " *Kelan na nga po kinasal si apo, Nay*?" (as if I just forgot). I call them through terms of endearment. I touch them during our conversation , not only during PE –their hands, shoulder. I look at their eyes when they speak and , and don't interrupt them when they digress to personal stories. I show gratitude with the littlest thing they give that's meaningful to them, especially those they did themselves no matter how small or inexpensive. But their trust was enough for me and that is what I want to preserve and not lose, not in exchange for anything. I wipe tears from their eyes. I don't show I am rushed, even if I am; am flexible with time. And I am accessible 24/7. (voice of accessible, voice of healing, voice of hope, voice of a mentor, voice of someone who has listen first before speaking, voice of intimacy)

b. Voice who is human

I am fully honest with them, as I am with all the rest. I interact with them outside the clinic. My profile and sharings are the same for all in all the hats I wear. I tell them my own stories , how I became a doctor despite our being from the barrios…was a probinsyana, bagong salta at Grade 4. How I had to take care of my parents , having to drive NLEX to fetch my mother who suffered a stroke, how I go to medical missions , how I bring my toddlers to those missions and to my clinics. How I have to stay with my husband even if I intended to be with the tribes. How I gave up an Australian job because my mother had a stroke . How I got sick of cancer and diabetes myself. The tragedies I went through in the hands of an assailant. And knowing these, still earning their respect, maybe more. I thought being a doctor would spare me of illnesses for myself and my loved ones. Ironically it was even worse. " Dok bakit ka sakitin, e di ba doctor ka?" to which I would answer "maybe if I were not a doctor, I would have survived this long and this well. " I am walking a living example of survivors. It was most painful as a doctor to have your own parents breathing their last breath before my eyes because they didn't want anymore when I still wanted to do something. Most hurting to have a friend still die despite everything I have done with others co-managing. But I always cherish the touch of the skin of a total of 300 babies,

velvety pink , such beauty, such life that I did nothing but just facilitate their rolling and catching them.

(voice of honesty and transparency, voice of self-compassion)

c. Voice of harmony

My father loved being massaged by me when I was a kid. I would do "*tapak*" , stepping along his spine . He would do *kuyakoy* as a form of exercise, while he told me stories *about ibong adarna*. When I became a doctor and had my first child, I would get offended about their ideas of *usog*, and *pilay.* When I deepened into my practice my patients would ask me, *pwede po bang magpa suklob*…. I have learned to say, " *sige basta wag lang laway, baka maka tetano*" sometimes I would say " *basta wag mo ko sisisihin pag pagkatapos nun ay lumala or wag mo din sasabihin nay un ang nagpagaling*". Part of my journey to reconcile this is working in it for a time. Later I had a chance to work with traditional and complementary medicine and had a chance to talk and interview the practitioners, take part in their conventions, observe and see them in their actual practice. I realize that their crafts are very much like Western . They follow the same paradigm of relationship with fellow man, environment and a Creator. There is no reason why West and complement the Eastern way of healing for as long as public safety is guarded and abuse is prevented. I continue to work for the development of Filipino Indigenous Medicine.

d. Voice of friendship

All patients and colleagues , they are my friends, and treat them with highest mutual respect. Because they give me something which no PF can buy: meaning. When you help cure a patient who has a unique role in society , who has to do something important that nobody else can do in the whole world that day, I have found my worth. That's why earning more was never a temptation for me more than the learning and experience I would get from a thing. When there was a bandwagon of doctors becoming nurses, I wrote an article " to be a doctor for the right reasons" that landed on the editorial page of 4 newspapers then. When a doctor wrote a book derogatory of doctors, I wrote a blog on 10 reasons why , and the book was erased in the market and the authors made a public apology. My professional society assigns me positions out of merit heading the committee on mental health.

e. Voice of touched

I named my clinic God's Touch believing with all my heart that it is the touch of God that makes all the difference in healing . How I believe in God, the Great Physician. How I am transparent and vocal about it. I believe because

I have experienced God across many seasons of my life. It is so easy for people to superficially hold on to religion as tradition handed down to me kneel before him for and with each of them in my heart. I recall an FB friend who PM'd me saying "why do you always talk about God in your timeline? There is no God." I answered " go talk in your timeline and say that." He shut up. (voice as a child of God)

f. Voice of comfort

Through words, singing voice of melody and instrument , voice of a writer

Voice of a counselor , voice that affirms

Voice that addresses uncertainty, voice that looks ahead

VOICES I WANT TO MODULATE

These are my weaknesses, but these are not really patterns but burst often, just triggered during intergenerational clashes. When I am too rushed, which stems from being a multi-tasker, my mind assumes too much, esp. with those I expect that they understand my character, my intentions. I also tend to stay on the side of the negative. Given a scenario the first thoughts and my first interpretations of others' intents and actions that come are more negative . (issue of trust and confidence) . I also sometimes become too prescriptive or over authoritative, over opinionated, forgetting that people have google and generational predispositions . Voice of a *suplada* is what I want to get rid of .

2. VOICE AS AN EDUCATOR/ TEACHER

2.1. VOICE I WANT TO SUSTAIN AND ENHANCE

5. Voice that teaches value-based education

I have gravitated to teaching undergraduate medical students because they are still undifferentiated and malleable. When I teach it is always value-based. In a camp 3 years ago, teenage pregnancy was a major problem . instead of flooding them about information about contraceptives and modules that they can readily google in the internet anyway, I told them about how my husband and I waited for 7 years .and make actual peer-peer counseling with the community , demonstrated couple counseling , and make them the men do a symbolic public gesture of promise of respect for the women .

6. Voice that treats students as co-learners

One most treasured experience was bringing along my students as co-presenters in researches we collaborated on , one was even as far as the USA. When I mentor for a thesis, I make them welcome in my own house. It is exciting to exercise the role of facilitator, teaching them how to fish more than giving them the fish, and to always push them to attain greater heights than us . I bring them out to the real-world as early as the first year and I begin with them studying their own bodies , psyche and families before they study diseases.

C. Voice that is strategic & innovative

I got 5 invitations and offers to be dean of birthing medical schools situated in different distant regions of the country , 3 are now operational and with government accreditation , 1 is still in the pipeline and still waiting for me to take active part in it. To be part in writing curriculums that would impact generations , the experience of collaborating with stakeholders. Even had a chance to teach leadership in communication distant places with hospital management and allied health. Problem of a fragmented medical education, from undergrad, importance of training from undergrad. I pushed for a curriculum that ties up medical anthropology with medicine in the attempt to embrace Traditional and Complementary Medicine in a state university. My way of paying forward and continuing the legacy of my parents who were both educators.

D. Voice that is creative and resilient

When as early as post -graduation I was into the mountains doing medical missions, it was quite a fulfillment to be able to do institutionalizing development grassroots real world projects on centers of excellence on primary health care with global agencies. Despite family sacrifices, I grab those opportunities . I have always been limited with med missions not being able to really immerse in the culture, understanding that healthcare is very much culture-based. To have a boss from another culture was also a tremendous learning experience. It was such a tall order to train health staff and make them unlearn and change some of their paradigms., to transform the health care facility culture of the organization, to finally being able to put together people from public health, family medicine, specialists, government and private academies. Plus the fact that the experience squeezed in 4 months., having to collaborate several layers of stakeholders. My eyes were opened to the challenge of translating what is written so well in a technical paper and what can be feasibly done on the ground.

E. Voice that invests in lives

My mentors were WOC (work without compensation). And as a pay-forward thing I teach, not within my alma mater but outside, spread the gospel outside. We doctor-teachers Even if we are not paid as well as we feel we deserve to be, we take it as a form of telling the world that Investing in the lives of people is the best thing. Earning income comes secondary, or as by product of valuable investing in what matters in the long term. Maybe my father gave me that gift of foresight while I lasted in studying medicine for 13 years, and which some would say, the ROI is so long and so poor. It's a matter to whom I am paying forward to. I was a scholar paid by taxes of the people. Overall, reflecting on the odd circumstances that allowed me to get into this scholarship was something I attribute to God. Holding on to Chronicles 28:20 promise for 5 years made me survive, and so if I pay it forward to God, I have paid it forward to all .

F. Voice that transcends

I am an INTJ personality by Myers-Briggs , typically unassertive. Even as in high school I was pushed and elected as a leader, I knew I did not do my part well because of this trait. In a group, it would take so much gutsiness to speak my mind. But when I am free, I do go good—writing my sentiments, thoughts, emotions is most difficult to tease out. It is because of this I often get misunderstood despite the fact that I am very well-meaning in my intentions. Plus my aura of being snobbish and self-withdrawn. I've been intending to write books, especially when pivotal moments come. Grateful for this DComm and the topic I chose. The mountain of self -insights I gleaned most meaningful to me as a person purely is even outside of this piece. Yes, I failed to write because I was too busy living my life.

G. Voice that is creative

A former student PM'd me telling me that she appreciates the way I taught them physical examination. It was nice hearing that from a student after 20 years, when I even felt inadequate because the challenge was to teach 172 of them, and I was alone. What I did was to give an individual demo but for them to study all I made it a lottery so they were forced to study all. I also used peer teaching , using normal anatomy. I make them do films about how to do family conferences given case vignettes. I conduct it like a workshop where they would break out

into groups. I take time to read student notes. That's why I can conclude good grammar must not be used as a measure of competence.

VOICES I WANT TO MODULATE

Voice that assumes others know. .. As a teacher, again my only problem is that because I tend to always make my plate too full, sometimes I fail to email back my feedback to say notes that I made students scribble. It's my habit after a talk to give my contact details and calling cards. So when they reach out to me, they don't get disappointed. There are so many students from various medical schools both local and abroad that became my long-time intimate friends and mentees just because I delivered a talk to them. One thing I need to make a special effort is to smile more often and communicate. I sometimes am shocked to see photos of me looking like I am irritated or pissed off when actually I was probably just tired, lacking sleep, feeling discomfort or simply seriously thinking . My voice tends to also be high-strung , tending to be misinterpreted as mad, when I am just firm in what I am saying. Nevertheless , when made aware, I do compensatory acts.

3. AS SOCIAL ADVOCATE

Voice I want to sustain and enhance

a. Voice that is insightful

Many times I would be in a nice position and doors open for learning opportunities and I would go for the latter, even if it would mean losing the job or position. The last one was I was in traditional medicine and so when doors opened aligned with my specialty in mental and behavioral medicine, and in the World Health Organization and they are scholarships. More than the travel and places were experiencing people right where they are. These teach me more and broaden my perspective to understand them and myself, to understand their worldviews. I lose many of my prejudiced and skewed thinking. I have gravitated to blended short-term but high-order learning and those that will allow me foothold and ground on home. This helps me have a wider angled perspective whenever I get invited to speakerships.

a. Voice that Integrates my faith with my advocacies

My faith is not just mental or imaginary. It is a relationship-based belief that has revolutionized my life from age 15. And though I am very vocal about it to people in all spheres of my involvement, it is to me empowerment and enablement as well. I also pray with patients, asking permission first. The most fulfilling opportunity is helping out post -disasters in giving crisis debriefing, where presence more than talk is what matters. Even when I have my own beliefs, I do not force them on others especially during the illness. Giving basic needs first and listening are the best healing talks.

b. Voice that redeems mistakes of the past and

Redeeming is very natural for me. Any personal thing has a social value if it has a redeeming value for any mistake or imperfection brought about by our being human and being in a broken world. Like I make the most of redeeming by giving more bonding time to my children which I missed when they were growing up due to my toxic career of dealing with human lives and urgent tasks. One time I went into the taxi business because I was a victim of very poor service and I wanted to prove that taxi service could be better. But redeeming is what God Himself did to us. And with this work that is pivotal, every pivotal point is a redeeming time. Buying time too. Time is like our life, every minute past is gone forever. But there is a way to express by hind effort what you value but do not have the resources , or to count the cost by future loss . I recall I built a house for my parents through a loan because I wanted to buy time. Even if it was such a heavy financial burden that cost my family a lot , I was able to give them their dream retirement house and enjoy it while they were alive. There are many people other than God who made redeeming acts. That is grace.

c. Voice that inspires

I always want to inspire by sharing things that they can also do by themselves in their lives, or I can do that do, like with talent or gift but I must share making clear that I am coming from and want to highlight the spirit of stewardship –that whatever they have (that I don't) they can also do the same. To inspire not from a point of strength (that is not boasting) right away but coming from a point of vulnerability too.

d. Voice of gratitude and joy

I always say that I am happy because I am full circle. When I was in high school we were asked to make a term paper about our dream career, and I wrote about being a doctor, a teacher or a social worker. And imagine, I am all that now. Although I could remember as early as 3 that I wanted to be like the doctor who stitched my face 7 cm long , my idea of my being a doctor then was one of power through having a big house, and being looked up to. My desire to be a teacher was perhaps due to my idolizing my father, and how my mom brought me to school as a *saling pusa* . My desire to be a social worker, I don't know exactly where it came from. I remember I also wanted to be a nun, but maybe because as early as 5 years old , my father would tease me about crushes, that would be a total impossibility haha. It is amazing to find myself having navigated all those careers, and at 60 , after all the pivotal moments , I feel like a 5 year old again , still dreaming of new ways of being . This is grace.

e. Voice of authenticity

I am very true and hands-on to myself and to others and everything I am engaged in. Why I could garden, because having known naturopathy, I conclude the best way to an organic ground-to-mouth diet is to do the planting and gardening myself. The only way I could walk the talk in NCD prevention and promotion and planetary health is to do that. I eat what I teach others. I don't hide all the genetic diseases I inherited. I am grateful to experience how to be sick, I got to really understand why my father would cheat on sugar and my mother on chocolates. I couldn't lie because it always shows in my face. I am very transparent and my life is an open book. Everyone is welcome to my FB and what I share is always for everybody's consumption.

VOICES I NEED TO MODULATE

I need to modulate my voice of impatience and silence. Because I am always serious about giving my best to everything I put my hands to, I find it difficult to accept when others would accuse me of false judgmental claims. I find it difficult when it is pertaining to my character, as I have always exercised prudence in my behaviors. As a typical INTJ is, I am confident of the products and outcomes I engage in , and have been fairly open to constructive criticisms. But we INTJ find it easier to walk out of scenes to avoid more brutal scenes occurring hehe . I need to pace myself with the pace of others. I have also been a tamporista since childhood, but *hindi ako nagtatanim ng galit*, meaning once I have written that letter explaining my side and where I am coming from, there is no room for apologies but renewed even sweeter compensatory relationships. Also, while I can make big self-sacrifices for others and for certain tasks, my emotions get the

better of me too sometimes , I give in to self-pity. Even Jesus turns tables also , He weeps by himself too. But I easily reboot, *makatulog* lang. Sometimes I laugh at myself realizing the stupidity of my emotions. But when I get to reflect on the reason why I became angry, the bottomline of say, what rightful thing I was fighting up or standing up for, I regain my self-respect, and gather strength to reach out and break the silence or gap created.

APPENDIX F

SUMMARY OF MEDICAL PRAXIS

As per how my father would tell the story, I was born at home , wiggling out of my mother's womb , while he attempted to catch my slippery me *" na parang nanghuhuli ng bulig*" . The midwife came, whose name was Helen, just in time to cut my umbilical cord. And so I was named after a healthcare worker, and proud to have been a fulfilled one myself, feeling full circle after 60 years. Proud to have been raised by two educators : my mother, Efigenia Merza , a Grade 1 teacher in Cabiao , Nueva Ecija, my birth place ; and my father, Dr. Alfonso O. Santiago, a Filipino language professor /staunch advocate at Philippine Normal University. Being third among 4 children, I never imagined I could go to medical school. But my life took a turn when at age 15, when I experienced a very genuine re-birth of my Catholic faith as I got truly baptized in water and the Holy Spirit . Then I started having a relationship-based faith that

revolutionized my life. I believe God orchestrated everything from my entering UP Diliman as a scholar, graduating *cum laude* for BS Psychology, but the best part of UPD was meeting my husband, who also was a Nueva Ecijano who took his Masters in Transport Engineering in Tokyo University as a Monbusho scholar just so we can both wait till I finish medical school: Dr. Ricardo Sigua, a Christian civil engineer/professor, likewise a UP alumnus and *professor emeritus candidate.* I was fortunate to be counted among the 147 students for the 1985 Batch of UP College of Medicine. Upon graduation I was already invited to teach Preventive Medicine at AUF College of Medicine , but this was cut short because I pursued Residency in Family & Community Medicine at UP-PGH in January 1987 after passing the Medical Boards in December 1986. It was during residency that I was able to raise a family after 7 years and we raised 3 beautiful children, Faith (SPED teacher), Paul (Asian Music Education graduate & film scorer) and Luke (IT management & percussionist) who all studied in UP. Establishing my community-based practice in the urban poor communities of Manila and Quezon City, I named them God's Touch/LifeTouch to highlight healing as a way to touch people for God and to live a godly life by example for it is the best way to share the Good News. My PGH Emergency Room training for 3 years (1987-89) gave me the boldness and confidence to make my practice very exciting and challenging where I was truly a part of many families' milestones at all life cycles and stages. It has been a >30-year very relationship-based care that formed enduring ties even cutting across generations.

When my youngest reached age 7, just in time my UP Anatomy professor, Dr. Mariano dela Cruz, invited me to teach in San Beda Medicine and taught Physical Diagnosis, later serving as Prefect for Student Affairs, and Chair of the Department of Family & Community Medicine for 8 years. While doing this I finished my Masters in Hospital Administration here at UPOU. I have journeyed 7 study programs in UP System : BS Psychology, Medicine, Internship, Family & Community Medicine, Masters in Hospital Administration, Occupational Health , (and DComm). But I studied and served <u>outside</u> UP as well. I earned units in Masters in Spirituality & Family Counseling at the Ateneo LST. I have been part of and taught in 11 medical/higher education institutions : AUF Medicine, UP Medicine, ASMPH, SBU Medicine, ADMU Health Sciences, UP Subic School of Management, SPU Medicine, LCU Medicine, MTC Medicine, Palawan State University, St. Luke's Medicine, and La Salle Medicine & College of St Benilde from assistant clinical instructorship to deanship 3x. I take pride in being invited to co-author the Philippine Family Medicine Textbook of 2014. Internationally, I have presented researches in various parts of the world and been part of multi-disciplinary professional panel with journal publications. I have served as Chairperson of the Mental Health Committee of the Philippine Academy of Family Physicians since 2018. I have been invited to be editor of 3 health publications and to speak on many advocacy quad media on a regular basis . I served the Department of Health as Medical Specialist 3 at the Philippine Institute for Traditional and Alternative Health Care for almost a year and been part of advocacy and education in various government agencies interfacing

with health . I have been active in promoting Filipino Medicine with the Department of Science and Technology and *Aralin ng Gamutang Pilipino*. My international involvement includes being the first and lone Asian grant recipient (till the present) of Society of Teachers in Family Medicine (USA) Behavioral Science Family Systems Educator Fellowship. In 2019, I finished Leadership in Global Health at the University of Washington. I am also recipient of various international scholarships: Leadership in Mental Health of WHO (Cairo Egypt) , and Mental Health Human Rights Law of WHO (India) , and Epidemiology 101 Nanocourse at Harvard University. I am a proud member of the World Organization of Family Doctors (WONCA) Mental Health Working Party. I was happy to have been chosen to work with the European Union to establish the Center of Excellence for Primary Care in Region 1, and have been part of Region 7 and 8. All of these, honestly, mostly landed on my lap without seeking. I just mostly responded as they came. It is my way to respond to challenges because I believe in experiential learning. Sometimes, they overlapped, but I gravitated to those that gave me most experiential learning and enabled me to develop not only head knowledge but practical wisdom.

DCOMM is my gift to myself as I enter the threshold of my seniority. DCOMM weaves all these learnings, as I continue my integrative, collaborative, and pedagogical missions till grace from above sustains. This is paying forward all that I have been given. The most I can do is to broaden my self-awareness, upgrade where I could still improve, while staying grounded . I have survived cancer twice, have inherited 2 genetic diseases , diabetes and thyroid disease that has become malignant, went on the operating table 7x , two glands already taken out of my body , and I am on two exogenous hormone intake and injection. I nearly drowned in a medical mission in the war-stricken Burma in 1993. I was once at the mercy of a drug addict in a nightmare that I thought would not end in 2008. But here I am, breathing, breathing life, with passion, still inspiring myself and others to aspire to be better. I travel the world mostly alone, which I could not have done if I was not Doctor Sigua healing the Patient Me. I doctor myself first and foremost, and am grateful to have been part also of the health and illness journey of many people in all levels of engagement. I am most fulfilled to have given birth to my 3 God-fearing and life-skilled children, being a wife to a man of integrity and service, having delivered more than 400 babies in my entire practice and being part of the birthing pains of 6 medical medical schools in the country other than my Alma Mater and got the opportunity to groundwork as dean of 3 new medical schools, now all operational. When we are in God's fold, everything has a meaning and purpose. And with meaning, we can do and go through anything, because the strength comes in knowing that everything, good and bad, is always part and parcel of a bigger picture of God's plan and blessing. I took DCOMM because even with these achievements, I still feel, being a typical INTJ by Myers-Briggs, that communication is still my biggest Waterloo and there is still room to upgrade. Having this degree is more than an added title to my name; more than anything else, it made me think and write and speak broadly and deeply. Because just like how I came out

very passionately from my mother's womb some 60 years ago, I am even more challenged to go out and make a difference using this gift of life , in all its fragility and vulnerability, because I have experienced His goodness and lovingkindness in my praxis and life as a physician.

APPENDIX

LINKS TO :

Curriculum Vitae , Abridged (LinkedIn Helen Sigua)

Technical Report to European Union. Center of Excellence in Primary Care. Region 1. (with youtube version)

Sigua, et al (2020). Moving Towards Optimized Noncommunicable Disease Management in the ASEAN Region: Recommendations from a Review and Multidisciplinary Expert Panel. Risk Management and Healthcare Policy. https:doi.org/10.2147/RMHP.S256165
A Revisit of the Philippine Mental Health Law Using the UNCRPD Lens

Public Essays: "Labyrinthine Journey Pre- And Trans Pandemic"
"Being A Doctor For The Right Reasons"
"When What Only Mattered Was A Hand Reaching Out To Another"

Youtube International Christian Medical and Dental Association. “ Transformative Leadership”

FaceBook Pages: FB helens santiago sigua

LifeTouch Medical
LifeTouch Inspirational
Capacitating Mental and Behavioral Health in Primary Care

Instagram hsigua
LinkedIn hsigua

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