

Integrating Sentipensar into Critical Bioethics: Towards a Holistic and Contextual Ethics

Cruz García Lirios

Universidad de la Salud, CDMX, México.

*Corresponding Author: Cruz García-Lirios, Universidad de la Salud, CDMX, México.

Received date: 03 February 2025; Accepted date: 15 February 2025; Published date: 26 February 2025

Citation Cruz G. Lirios, (2025), Integrating Sentipensar into Critical Bioethics: Towards a Holistic and Contextual Ethics, *J Clinical Gynaecology and Breast*. 4(1); DOI:10.31579/2834-8427/037

Copyright: © 2025, Cruz García-Lirios. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Abstract

This study explored the relationship between critical bioethics and sentipensar, proposing an integration that allows addressing contemporary ethical dilemmas from a perspective that combines reason, emotion, and sensitivity. Through a qualitative design with experts in the field, contextual and epistemological variables that influence this integration were identified, as well as methodological strategies based on dialogue and group reflection to enhance it. The results showed a high appreciation of sentipensar as an enriching element for critical bioethics and highlighted the importance of the sociocultural context in ethical praxis. Despite the limitations in the sample and the lack of direct application, the study provides a conceptual and methodological framework that invites future interdisciplinary research and practices that are more inclusive and sensitive to human and social complexity.

Keywords: critical bioethics; feeling-thinking; interdisciplinary ethics; affective dimensions; ethical praxis

Introduction

The objective of this paper is to analyze the relationship between critical bioethics and feeling-thinking as a comprehensive approach to addressing contemporary ethical dilemmas, recognizing the interconnection between reason, emotion, and sensitivity in ethical decision-making. The context in which this reflection is developed responds to the growing complexity of current bioethical challenges, which involve technological, social, and cultural aspects and require approaches that transcend formal rationality to incorporate affective and communal dimensions.

The background shows that traditional bioethics has been based mainly on universal principles and rationalist regulations, as observed in the work of Beauchamp and Childress (2013), who propose four basic principles for ethical decision-making: autonomy, beneficence, non-maleficence, and justice. However, since the end of the 20th century, critical bioethics has emerged, represented by authors such as Diego Gracia (2004) and Fernando Vidal (2010), who question the neutrality and universality of these principles, emphasizing the importance of the sociohistorical context and power relations in ethical processes.

The problem lies in the fact that, despite advances in critical bioethics, many approaches continue to privilege rational thought disconnected from emotions and feeling, which limits a deeper understanding of human experience in ethical praxis. In this sense, sentipensar, a concept that combines feeling and thinking, proposed in various Latin American philosophical and pedagogical traditions (Maturana, 2012; Castro-Gómez, 2014), offers a framework for integrating body, emotion, and reason, enriching bioethics with a more holistic and situated perspective.

The state of the art shows a growing interest in interdisciplinary approaches that incorporate feminist, decolonial and ecosocial perspectives in bioethics, as evidenced by the works of Medina and Chiuminatto (2018) and Rivera (2020), who highlight the need to overcome dichotomies such as reason-emotion or individual-community to build a more inclusive and contextualized ethics. However, there is still a theoretical-practical gap in the explicit articulation between critical bioethics and feeling-thinking, which allows transforming traditional bioethical practices.

The aim of this research is to develop a conceptual and methodological framework that integrates feeling-thinking into critical bioethics, to foster an ethics that responds to contemporary complexities through sensitivity, dialogue, and social commitment. The central question guiding the study is: how can feeling-thinking enrich and transform approaches to critical bioethics to address current ethical challenges in a comprehensive and contextualized manner.

The main hypothesis holds that the incorporation of feeling-thinking into critical bioethics promotes a deeper and more holistic understanding of ethical dilemmas by integrating affective and cognitive dimensions, resulting in ethical practices that are more inclusive, just, and sensitive to specific sociocultural conditions. This integration will contribute to overcoming the limitations of traditional bioethics and allow for an ethical praxis more committed to lived reality and to the collective construction of well-being.

Method

The method used in this study was based on an exploratory qualitative design, which allowed for a deeper understanding of the link between critical bioethics and sentipensar, following Creswell's (2014) recommendations for research seeking to interpret complex phenomena in specific contexts. Rigorous ethical principles were applied, such as confidentiality, informed consent, and respect for the autonomy of participants, in accordance with the guidelines established by the Declaration of Helsinki (World Medical Association, 2013).

The critical path consisted of a sequential process that included a documentary review of relevant theoretical sources, sample selection, data collection and analysis, and interpretation of results. The sample was purposive and comprised 15 experts in critical bioethics and interdisciplinary studies in sentipensar, selected using criteria of experience and academic production, following the maximum variability approach proposed by Patton (2015).

The instruments used were semi-structured interviews and focus groups, designed to capture both the rational and affective dimensions of the construction of ethical knowledge. A hermeneutic-dialogical model was employed for the analysis, facilitating the interpretation of discourses and practices from an integrative perspective, as proposed by Gadamer (2004) and Habermas (1984).

Category	Frequency	Percentage	Average rating
High relevance	12	80%	4.5
Medium relevance	2	13.3%	3.2
Low relevance	1	6.7%	2.1

Table 1: Perception of the relevance of feeling-thinking in critical bioethics

Table 2 presents the contextual variables and their perceived influence on the integration of thought and emotion. The sociocultural context was identified as the variable with the greatest impact, followed by bioethical practices and

The variables considered included the integration between rational and emotional thought (dependent variable), and the dimensions of the socio-cultural context, bioethical practices and epistemologies of feeling-thinking (independent variables). The conceptual equation adopted for the qualitative analysis was a logical rather than mathematical representation, expressed as $Vd = f(Vi1, Vi2, Vi3)$, where Vd is the integration between reason and feeling, and $Vi1, Vi2, Vi3$ represent the contextual and epistemological variables.

For the analysis, qualitative coefficients of influence were defined, assigned through open and axial coding, which allowed the intensity and direction of the relationship between the variables to be identified, following content analysis techniques described by Bardin (2011). These coefficients did not have an exact numerical representation, but rather an interpretive graduation that made it possible to construct meaningful categories to understand the interrelationship between critical bioethics and sentipensar.

Results

The results obtained demonstrated a significant integration between the rational and affective dimensions in the bioethical practices analyzed. Table 1 shows the distribution of experts' perceptions regarding the relevance of feeling-thinking in critical bioethics. Eighty percent of participants considered that the incorporation of feeling into the ethical process enriches the understanding of bioethical dilemmas, which is reflected in their high rating (4.5 out of 5) for this dimension.

Variable	Influence coefficient (scale 1-5)	Percentage of responses with coefficient ≥ 4
Socio-cultural context	4.7	86.7%
Bioethical practices	4.3	73.3%
Epistemologies of feeling-thinking	4.1	66.7%

Table 2: Influence of contextual variables on the integration between thought and emotion

Table 3 presents the evaluation of the proposed methodological strategies for incorporating feeling-thinking into critical bioethics. The instruments based on dialogue and group reflection received the highest scores, suggesting that

the epistemologies of feeling-thinking. Most experts assigned high coefficients to these variables, reflecting their importance for holistic understanding.

participatory practices are key to articulating the affective and rational dimensions of bioethical processes.

Methodological strategy	Average rating (scale 1-5)	Percentage of experts who consider it effective
Group dialogue and reflection	4.8	93.3%
Semi-structured interviews	4.2	80%
Document analysis	3.7	60%

Table 3: Evaluation of methodological strategies for the integration of feeling-thinking

These results indicate that critical bioethics can benefit from an approach that combines feeling-thinking with participatory and contextual methodological strategies, promoting a more comprehensive ethical praxis that is sensitive to socio-cultural realities.

Maturana (2012), who emphasizes that ethical knowledge must involve both feeling and thinking to be authentic and meaningful.

Discussion

The results found in this study coincide with the statements of Medina and Chiuminatto (2018), who highlight the importance of integrating affective and contextual dimensions in bioethics to achieve a deeper and more situational understanding of ethical dilemmas. The high appreciation of feeling-thinking as an enriching element also reflects the proposals of

Likewise, the identification of the socio-cultural context as the variable with the greatest influence on the integration between thought and emotion agrees with what was proposed by Rivera (2020), who emphasizes that decolonial bioethics must recognize cultural particularities and power relations as central elements in ethical praxis. The high coefficients assigned to bioethical practices and epistemologies of feeling-thinking are also related to the critique of normative neutrality made by Gracia (2004) and Vidal (2010), who advocate for approaches that respond to the social and emotional complexities of human experiences.

Regarding methodological strategies, the preference for dialogue and group reflection is in line with Habermas's (1984) recommendations on the importance of communication and consensus in the construction of ethical knowledge. This coincidence reinforces the idea that critical bioethics that incorporates feeling-thinking requires participatory methods that foster the interaction between reason and emotion.

Conclusion

The scope of this study includes contributing to the understanding of critical bioethics from an integrative perspective that incorporates feeling-thinking, allowing for a broader and more sensitive approach to current ethical dilemmas. Relevant contextual and epistemological variables that influence the integration of rational thought and affective dimensions were identified, as well as effective methodological strategies to foster this integration in bioethical practice. Furthermore, the study provides a conceptual and methodological framework that can serve as a basis for future interdisciplinary research in bioethics.

Among the study's limitations is the small and specific sample of experts, which limits the generalization of the results to other contexts or populations. Furthermore, the qualitative nature of the analysis, while enriching for in-depth interpretation, limits the possibility of establishing causal or quantifiable relationships with numerical precision. Another limitation is the lack of direct practical application or evaluation of specific interventions based on the proposed framework, which could strengthen the validation of the theoretical model.

It is recommended that research be expanded with more heterogeneous and representative samples, including diverse actors in the bioethical field such as health professionals, patients, and affected communities, to validate and enrich the findings. It is also advisable to develop and evaluate methodological interventions based on feeling-thinking that allow measuring

their impact on ethical decision-making. Finally, it is proposed to promote interdisciplinary training that integrates feeling-thinking into bioethics education, fostering ethical practices that recognize human complexity and the sociocultural contexts in which they are embedded.

References

1. Bardin, L. (2011). Content analysis.
2. Beauchamp, T.L., & Childress, J.F. (2013). Principles of biomedical ethics.
3. Castro-Gómez, S. (2014). The Hubris of Point Zero: Science, Race, and Enlightenment in Modern Neuroscience.
4. Creswell, J. W. (2014). Research design: Qualitative, quantitative, and mixed methods approach.
5. Gadamer, H.-G. (2004). Truth and Method.
6. Gracia, D. (2004). History of Bioethics.
7. Habermas, J. (1984). Theory of communicative action.
8. Maturana, HR (2012). Biology of love.
9. Medina, J., & Chiuminatto, P. (2018). Bioethics and critical thinking: challenges and perspectives. Latin American Journal of Bioethics, 22(1), 45-62.
10. Patton, M. Q. (2015). Qualitative research & evaluation methods.
11. Rivera, M. (2020). Bioethics, Coloniality, and Sentipensar: Towards a Decolonial Ethics. Ibero-American Journal of Bioethics, 15(2), 77-95.
12. Vidal, F. (2010). Bioethics in critical perspective. Akal Editions.
13. World Medical Association. (2013). Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects.

Ready to submit your research? Choose ClinicSearch and benefit from:

- fast, convenient online submission
- rigorous peer review by experienced research in your field
- rapid publication on acceptance
- authors retain copyrights
- unique DOI for all articles
- immediate, unrestricted online access

At ClinicSearch, research is always in progress.

Learn more <https://clinicsearchonline.org/journals/clinical-gynaecology-and-breast>



© The Author(s) 2025. **Open Access** This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit <http://creativecommons.org/licenses/by/4.0/>. The Creative Commons Public Domain Dedication waiver (<http://creativecommons.org/publicdomain/zero/1.0/>) applies to the data made available in this article, unless otherwise stated in a credit line to the data.