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Qualitative Research: The Sociocultural Experience of the Health-Disease Process

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1. Summary

As an essay, the purpose of this document is to address, in a general way, some of the foundations from which the discussion around the importance and validity of qualitative research in such a diverse and complex field is guided and defined. as is health. The work is divided into two parts: in the first part, a general outline of the discussion is made around the theoretical and methodological foundation of qualitative research in the social sciences; In the second part, the value and importance of recovering analytical perspectives located within the framework of qualitative research in the field of health is highlighted. Emphasis is placed on those aspects that are constructed as substantial references when trying to understand the wide range of problems that in this field have not been considered or made visible based on quantitative work and its positivist foundation, limited to considering them universally. valid, real and true, only that which can be counted, inventoried, graphed.

2. Presentation

It is urgent to incorporate research and knowledge perspectives on health that, from the significance of different social groups, make a difference regarding their approach and treatment, with possibilities of governmental and social interventions and support. In principle, it is necessary to ask about the definition of disease, in view of the mastery of biomedical knowledge with clear implications in terms of seeking care, self-care, monitoring of treatment, experience of the disease, etc. Health care and the care of the disease, depend on the set of cultural knowledge of the social group to which one belongs, and which marks and defines differentiated actions that support or deviate from the expectations of care marked by a hegemonic view of health, so if It is really intended to influence a specific problem, it is essential to know about the meanings and motivations that, around the health/disease process, guide and determine the actions of the reference social actors.

In Mexico, the health scenario, its still pending challenges, are linked to the so-called epidemiological transition, which has come to manifest itself in the coexistence between diseases of poverty and the so-called development ailments (1), just as today the incorporation of new health problems, in a global scenario characterized by the development of information technologies, and the ways in which their inclusion in daily life have an increasingly recurrent expression in terms of medical diagnoses, both of a nature organic and emotional in nature (mental health), which is why a mosaic of health phenomena is evident that result from unprecedented scenarios, discomfort and suffering derived from the intensive use of this type of technological tools that are projected in diagnoses such as those of: the eye dry, cervical problems, scoliosis, carpal tunnel syndrome, insomnia, among many others, and which are currently also part of a demand for care in terms of the provision of general and specialized medical, diagnostic and pharmacological services.

As mentioned at the beginning, the work is divided into two parts. In the first of them, a general outline of the discussion is made around the theoretical and methodological foundation of qualitative research in the social sciences; Basically, it refers to the context and part of the arguments that give rise to a prolific dis-

cussion that since the second half of the last century has occupied the interest and work of the social sciences. In the second part, the value and importance of recovering analytical perspectives located within the framework of qualitative research in the field of health is highlighted; Emphasis is placed on those aspects that are constructed as substantial references when trying to understand the wide range of problems that, in this field, have not been considered or made visible through quantitative work and its positivist foundation, limited to considering as universally valid, real and true, only that which can be counted, inventoried, graphed, as a result of a methodological monism that, by definition, establishes a single path to reach knowledge, its forms of representation within scientific communities, and the ways to be shared and recognized within the same society.

When talking about qualitative methods and/or analysis, reference is usually made to the actor's perspective, the actor's point of view, the understanding of the perspective of the people studied, among other statements; which corresponds to the resurgence of the subject, both in terms of being a constitutive and inherent element of every research process, and in relation to the rescue of the subjective, of subjectivities as an object of scientific research (Hammersley and Atkinson, 1994)., and in reference to everyday life, that micro space of life where social reality acquires expression and meaning, in contrast to a definition of sociology in capital letters which, until the first half of the last century, dealt only with the macro institutional processes of life in society (Wolf, 1988): the state, education, health, labor markets, productivity, socioeconomic and political institutions, etc.

It is also important to point out the fact that in any research, the choice of a methodology and, consequently, the research techniques and instruments, are closely related to the type of study that is intended to be carried out; The type of research is understood as the perspective from which the abstraction of those characteristics of the object investigated is carried out, which requires specific instruments that become access to the object of study (2). Let us keep in mind that "... from the moment in which each science proceeds by abstraction from those features of the object that it considers relevant, it imposes by definition a partial vision – as limited – of the object it studies; and consequently its conclusions are only valid within those methodological coordinates" (Infestas and Lambea, 1997: 13). In this sense, the choice of methods and techniques is in close agreement with the research purposes and interests (León, 1999; Lewis, 1975).

3. As a Context

The validity of the qualitative: in key of a cultural universe and a symbolic field loaded with meaning, meanings and socio-cultural significances, as an object of study of the social sciences, but also as an inevitable mediation, typical of every knowledge process (3), although present already towards the end of the 19th century, it is relatively new (Conde, 1999; Joachim, 1995); It was not until the middle of the 20th century, when the social sciences experienced one of the most creative and purposeful moments in terms of theories and methodologies that aspire to account for what is happening in a global scenario of social and political mobilizations, and to which Mexico is no stranger (4), accounting for social exhaustion, as well as the erosion of dominant theoretical thought. Within the framework of this scenario, a re-elaboration takes place, a criticism of the dogmatism with which both structural functionalism and Marxism had been making a staunch defense of the established order, within the framework of epistemological postulates and ideological "alternatives". (Lamo de Espinosa, 1990; Alexander, 1997), and where through different means, beyond meta-historical conceptions, the creative subject, with power and existence, is denied; a constituent and constitutive subject of an everyday life in which it is signified, exists and transcends socially and historically.

It is that moment of social changes, of political confrontations, of economic transformations, the terrain in which the search for other accesses to the study and understanding of the problems and social transformation emerges, a repositioning that allows us to see and cross society from places theoretical and methodological approaches already ventured, for example, in the criticisms of truth and reason, made by F Nietzsche at the end of the 19th century (Nietzsche, 2002), and from which to address the set of changes by which at that time moment society is passing through. An old latent discussion in the social sciences regains strength: What domains mark the only true knowledge? Is it the object or is it the subject? simultaneously, man as an object of knowledge and as a subject of knowledge (5). It is, perhaps, about proposing and seeking from other perspectives an answer that takes us out of a vicious circle, of a discussion grown under the sign of ideology (Pintos, 1990); all this, in a social-historical context, heading towards the end of a century, in which diverse and challenging theoretical aspects emerge and gain presence: ethnomethodology, phenomenology, symbolic interactionism, conflict theory, the new critical theory, among others. the most notable, and in open dispute for a sociological capital that tries to overcome the limitations of the two great dominant theoretical projects: Marxism and the functionalist structural model, until then assumed as synonymous with sociology with capital letters.

4. The Crisis of Marxism and Structural Functionalism

The qualitative view represents an important rupture, in terms of an update and reformulation of social thought, both of structural functionalism and with respect to that idea and project of society that the Marxist current defends. The door opens to a questioning of the knowledge then considered true, objective and universally valid (Schwatz and Jacobs, 1984; Wolf, 1988; Ortí, 1999); and in open rejection and disqualification of any other proposal that is referred to as non-scientific, in the best of cases pre-scientific, due

to its allusion to the presence and consideration of the subjective (Valles, 1999; Delgado and Gutiérrez, 1999). .

In the case of Marxism, it is about overcoming an economic and historical determinism that in the superstructure sees only a passive reflection, determined by work and production relations, that is, instances of subjectivity can only be addressed from their causality. objective (Alexander, 2000), and where the qualitative, the cultural, lacks not only its own life, the capacity for explanation and even knowledge, but also does not seem to have a place as an object of scientific concern and analysis. Likewise, another of the great questions raised against Marxism of the time, and which became a fertile field for discussion around the recovery of culture, has to do with that ethnocentrist commitment that, in the origin and presence of bourgeois society, places the reference of each and every one of the phases that sooner or later each society must go through, inside and outside the Western world (Vattimo, 1994), it is an implicit questioning of the idea of progress in which Marxism is trapped, whose final evolutionary process is represented by the arrival of a communism marked by economic determinism. Thus, from an open critical position around the evolutionary idea of life, M. Foucault refers to a subject who runs in his empty identity throughout history (Foucault, 1995), hence the importance of overcoming to that subject with a historical mission to fulfill, as a citizen or as a revolutionary subject, recovering it in that other micro space of its existence; leaving behind the transcendent subject, and the limits that such a reading imposes on the approaches of the theory and the evolutionary meaning of social history, in both its Marxist and structural functionalist reading.

The crisis in which the knowledge then considered true is trapped, not only allows, but makes possible access to subjectivity. Towards the middle of the 20th century, the appearance on the scene of ethnomethodology, phenomenology, symbolic interactionism, neo-structuralism, the new critical theory, the sociology of everyday life, the sociology of culture and cultural sociology, postmodernism itself (so fashionable in the eighties), among the most notable and recognized theoretical aspects; They represent efforts to overcome the orthodoxy to which the adventure of scientific knowledge had been subject. It must be distinguished that, beyond their conceptual differences and referential frameworks, a common characteristic of all these proposals, in both their functionalist and Marxist directionality, is that of recovering micro social constellations, daily life, the subjective, as inherent to social relations and knowledge processes. Hence the importance of explaining and understanding the modes and forms of access to subjectivity (Schütz, 2000), hence also the need to see and propose that reality as a social construction, the social construction of reality (Berger and Luckmann, 1986).

Thus, qualitative knowledge and the so-called deep interpretation acquire presence from all those theoretical, methodological, and epistemological references that they bring out of the shadows, transforming as important in the eyes of the researcher, and perhaps of society as a whole, what has to tell and say about himself, his interpretation of the world, a subject whose immediate and proper place of existence is represented by his daily life, that daily life where the subjectivities and the accumulation of meanings on which it is structured, and which They give weight to that subject, they are the result of their own historical plot. In such a way that the so-called deep interpretation aspires to explore, and attempts to understand (Verstehen, unlike Erklären), the meaning, the evaluative orientations that mark and mean the subject in the face of his community, and himself. It is called deep knowledge, almost in opposition to what has been meant to mean knowledge based on mere quantification, the presentation of figures that have reduced to a variable, to an index, everything that the world of life talks about and refers to. (Wolf, 1988). As mentioned at the beginning of this document, it is very important to keep in mind that the weight and validity of a quantitative work is found within the limits of the methodological coordinates that look at and recover the object of study, based on characteristics that for the reference case are considered relevant. The problem of traditional science lies in the fact that it attempts to affirm that this is the knowledge par excellence, and not just one of the ways of approaching it to analyze and achieve a partial understanding and explanation of social reality.

Finally, before moving on to the review that, as an outline, provides some reflections to understand the importance and weight of qualitative research in the field of health; It cannot be overstated that the richness with which it is now discussed in the social sciences represents a challenge to the work that, on a day-to-day basis, takes place inside the classroom, in the development of research work, and of course, in the process of recognizing ourselves as a substantial and active part of that everyday life that embraces us, which we feed every day; which leads us to question: Under what type of process(es), of appropriations, theory is transformed into realities that can be lived? This return (or rediscovery) of the qualitative, according to one of the most irreverent thinkers of the middle of the century, may not come from a purely and fundamentally theoretical requirement, but rather be the result of a rigor and factual requirement (Cicourel, 1964). The provocation is not minor, and without a doubt the intellectual and scientific life of the University represents one of the best pretexts and places to not stop thinking and reflecting on a theoretical concern in whose richness and complexity we find a fundamental part of the reasons that, in the experience of daily work they bring us closer, and make possible the accumulation of questions to what we call reality.

5. Health: A Socio-Historical Construction and a Cultural Exercise

5.1. The Biomedical Model

In the modern tradition, medicine appears as an exact science that accounts for the disease and health conditions that different societies and cultures have gone through in evolutionary terms. As

a daughter of positive thinking, medicine is presented based on a specialized technical language, references and measurements considered objective, that is, real and scientific that exalt methodological monism and reason as the only way to access knowledge (Laplatine, 1999; Heggenhougen, 1995). However, criticism is increasingly echoed among those who distrust reason as a guide and foundation of modernity, questioning key concepts such as truth, objectivity, and consequently concepts such as development, progress and evolution, which They are today under suspicion, with expectations of cure and treatment of the disease having been reached, particularly chronic-degenerative conditions. In the case at hand, it is worth highlighting the harmful side effects of cutting-edge medications, as well as the devastating implications that, in the interests of progress, the overexploitation of a natural environment has for health, which, according to the most critical, threatens the survival of human beings: contamination of water, air, land, climate change and its effects in terms of food production, among many other phenomena.

The dominant health model focuses on a biomedical diagnosis and treatment, leaving aside the social and cultural condition of a phenomenon that is crossed by a series of representations and meanings that transcend its medical enunciation, and are part of, or of the ways in which each society defines what is recognized as a disease (generally assumed as an abnormality) and within the framework of the dominant relationships that order and define both its expression and its approach within the cultural context, of the historical moment of reference. , and which can be religious, military, magical, scientific, among others (Zemelman, 1997; Moreno, 2007). In summary, for the West, biomedicine represents the dominant paradigm that sees and addresses health as a phenomenon of nature. biological, dependent on the physical and chemical behavior of the patient's body (González, 2007; Heggenhougen, 1995; Pera s/f).

From a critical position, we know that science is never independent of history, of the context that produces it and gives it meaning. The functioning, the operation of medicine, in its different levels of implementation and social interference, is closely related to ideas, values, a certain morality, with a particular use of language, and an instrumentation according to the socio-historical and political context reference (González, 2018; González, 2000). Thus, medicine is a social activity that takes place within the framework of human needs, in such a way that not only the health and disease conditions of a population have a causal relationship with the socioeconomic conditions of the different groups and strata that make up the population of a region or country, but the type of attention provided to the population is closely linked to a specific historical structure and moment.

The theoretical link between health and society entails questioning the biomedical model of health, its representation and dominance in the social imagination; in order to be able to think of it as an everyday experience, which is not reduced to the medical diagnosis but to the symbolic references of the illness in the framework of relationships and social processes that signify it, while articulating different ways of facing the disease and caring for others.

6. Culture, Health and Meaning

In the second half of the last century, particularly since the 1970s, there has been a growing interest in the cultural nature of health. This perspective of health assumes culture as a learning process that is shared and that tends to standardize behaviors, modeling the needs, the perceptions we have of our bodies and their functioning, directly related to the meanings that we collectively and individually create. They build on the meanings and experience of health and illness.

Culture can be defined as the set of practices, values, symbolisms and representations that organize and give meaning to the relationships and interactions of a social group or a society in general. Culture is closely related to the definition of needs, in reference to which a large part of the actions that govern the acts of daily life are structured (Sassatelli, 2012; Zemelman, 1997). Culture models not only the needs, but the senses, the perception of bodies and their functionality in terms of the experience of the disease, the burden of its meanings and its expression in the exercise of daily practices (Morris, 1996; Breilh, 1988).

It is very important to mention that, from the beginning, the presence and importance of medicine and biology are not disdained or ignored, but these always appear as a function of culture "...the existence of the disease is not decided by the presence of a biological change…" (Ackerknecht, 1971: 7), the disease appears only when for society, that change is recognized, sanctioned as a disease. Unlike animals, human beings are creators and transmitters of culture, which is transmitted and reproduced primarily through language in its different expressions: oral, written, corporal, visual. It is said that throughout history man has not only been able to transform his environment, but also to transform himself as a result of his interactions and the processes of which he is a part as a producer and as a product of such relationships. (Rosen,1985: 52).

Understanding the meaning of illness only makes sense in the social context of its production, since health and illness are a constitutive part of the culture of a population, of the social group to which it belongs. Thus, from one social group to another, from one social class to another, the experience of illness does not have its origin in biological differences, but in the sociocultural contexts that define and project the type of relationships, meanings, and representations. that outline the actions and behaviors of those who make them up. Likewise, it is important to mention that although culture operates in a collective sense, the range of meanings and cultural references are assumed, replicated and lived in the multiplicity of their individual forms, hence the importance of working on the articulation of these two. planes of reality that, on a day-to-day basis, function as a continuous process of feedback and

change, at the basis of the production and reproduction of social reality (Le Breton, 1999; Le Breton, 1990; Pera, (s/f)).

Social responses, in the face of the different processes and phenomena of which we are part, are understandable in the scenario of their production and the interactions that make them available, in such a way that health care and attention acquires a particular relevance depending on the value it has in the social group. In modern societies, a functional concept of health dominates, that is, the recognition of illness is linked to the inability to perform the tasks entrusted to us; the presence of this dysfunction is regularly related and recognized in terms of illness, we have all heard the following expressions "I know I am sick when I cannot attend my work" "when I am sick I cannot carry out my daily activities as a housewife" "when I do not attend class, my parents scold me and ask me Why don't you go to class, are you sick? Underlying all of these expressions is an idea of illness closely linked to the daily performance of our social roles.

Thus, thinking about health from its institutional and macro-social references invariably refers to: clinics, hospitals, medical and nursing staff, medications, diagnostic studies, among the most notable; which clearly shows the ways in which a concept of health has been socially constructed, whose definition and care appear as univocal and directly related to the medical and pharmacological field, where the social is limited to thinking about the populations demanding health services. health, populations that present themselves as sums of isolated individuals who demand individual medical attention, which closes the circle of that hegemonic model that, not in health but in illness, in the diagnosis of the sick body, centers a policy and institutional care, in clear reference to the so-called "health policy" (6). In fact, the biological domain of health, focused on the physiological and organic care of the body, only makes sense within the framework of the culture that signifies it; and that in the West gives way to specific actions that make health a central concern to sustain production, productivity, and in general the macroeconomic indicators of a country.

Likewise, the sense of normality/abnormality is, in this direction, another of the referential terms to think about the health/disease process; In everyday life we approach this concept based on cultural criteria; Canguilhem refers to the normal and the pathological in terms of the normative nature that regulates life in society (Canguilhem, 2005), punishing and, where appropriate, rewarding those who comply with or transgress social norms, and also directing a set of strategies to continue to get back on track; to the recognized and socially sanctioned normality.

7. The Experience of the Disease: An Important Step in the Case of Chronic-Degenerative Conditions

Chronic degenerative diseases, among which cancer (in its different expressions and manifestations), occupies an increasingly prominent place in Mexico and in the international context, imply a set of changes, which abruptly reach and disrupt the relationships and the most immediate coexistence of the patient with his family environment, and with respect to all that space that links him in terms of relationships and daily interactions: school, work, friends, etc.; which entails a complex and still little studied process of restructuring the patient and the family when faced with a diagnosis of this nature (Fitzpatrick, 1990), which calls for a series of reformulations, expectations, motivations that force the rethinking of the life itself and its senses.

In some way, for chronic-degenerative diseases, the development of technologies in the field of biomedicine has represented not only a higher quality of life, in terms of treatments and less aggressive therapeutic processes, but also in the possibility of doing a reinterpretation of the disease, of a diagnosis that no longer necessarily has to be assumed as synonymous with death (closely linked, perhaps, to early detection for the success of the treatment); However, an increasingly exhaustive approach is needed regarding the experience of the disease, which makes visible the need to treat the symbolisms that support the patient to achieve recovery and achieve a better quality of life.

Indeed, the various ways of dealing with the disease have to do with the monitoring and success of medical treatment, which in turn has enormous implications in the macroeconomic sphere regarding: the economic need for public resources for specialized medical facilities, development of medicines and medical instruments, highly specialized medicines, as well as the requirement for increasingly expensive human resources. While in the micro spaces of society, where the life of the sick takes place on a daily basis, the impacts are reflected in the family economy, in the maintenance and strengthening of a social fabric that e.g. example; It takes care of the health of parents who will support the development of their children, the opposite situation when orphanhood due to the illness of one or both parents limits the development of the children.

Thus, gender studies occupy an increasingly prominent place, since as Illouz refers, social dispositions also represent an emotional disposition, this is subjective, with respect to the ways of experiencing the course of the disease, the implementation of health resources. attention and care (Illouz, 2007). The fact that men assume health as a concern that is closer and more specific to the condition of fragility of women is also part of a social construction derived from a hegemonic conception of gender relations, currently in wide discussion. , and where man is obliged to be strong, without the right to show signs of weakness, of illness. In the case of women, the willingness to follow treatment has to do with a redefinition of physical appearance, of the symbolism of a body that, e.g. For example, when faced with the loss of a breast, one tends to assume a condition of monstrosity that is difficult to overcome since the mirror places one in a reality for which one is not prepared, and due to the ways in which it interferes in relationships.

who remain with their partner, from whom in most cases they usually receive rejection and incomprehension. Thus, the same thing happens with men, who, according to the symbolic load of a sense of virility and masculinity, when faced with a diagnosis of prostate cancer, places the man in a place of total loss, of any perspective on life. , by assuming that one is only a man, a real man, if one functions as such in a biological sex sense.

A pending work has to do with research that in a field exercise provides qualitative information on this type of problems, and with the ability to transform them into work proposals at the level of public policies.

8. Think about New Health Scenarios. As a Final Reflection

The standardization of health knowledge normalizes and tends to make care practices homogeneous that, in different ways, refer to the depersonalization of the doctor-patient relationship, and consequently of the care provided in health institutions and instances provided by societies. modern, focusing and centering health care through medication and medicalization processes of the human body, in its biological and organic dimension.

The emergence of the Covid-19 pandemic shows the urgency to approach health as a historical, social and cultural construct (Agamben, 2020; Boaventura, 2020; Zizek, 2020). Not only in terms of material conditions, as the origin of the distribution of disease and death: linked to poverty, education, access to health services, income level, etc., but in reference to the subjective experience of the disease, in a context of confusion and general fear, such as the pandemic, when the course of the disease and, in its case, death, takes place far from loved ones, there in the solitude of a hospital bed, from which no one could escape alive; a highly significant phenomenon in socio-cultural terms that still needs to be recovered and analyzed.

We must take into account the epidemiological profile of a country like Mexico that has not yet resolved the historical health problems derived from poverty and marginalization: malnutrition, obesity, traditional infectious diseases, etc.; At the same time, since the second half of the 20th century, there has been a marked increase in the so-called developmental diseases, basically chronic degenerative diseases: metabolic diseases such as type 2 diabetes mellitus, brain and cardio diseases. Vascular diseases, as well as different types of cancer, all diseases that over time and due to their complications, demand specialized medical care as well as a pharmacological arsenal that requires financial and technological resources that are inaccessible to most people. The population. Furthermore, of course, and as mentioned at the beginning of this document, we must add a profile of new illnesses, whose diagnosis is closely related to unprecedented ways of living, being, and relating in a global world, under the mastery of new information technologies.

9. Notes

1) Today, in Mexico's health scenario, there are still conditions closely linked to poverty and social marginalization, the so-called diseases of poverty: different types of infectious and parasitic diseases, as well as those closely linked to nutrition problems; while on the other hand, reference is made to those conditions that in the second half of the last century were integrated into their reference as developmental diseases, basically chronic degenerative conditions: metabolic diseases, cerebral and cardiovascular diseases, different types Of cancer. While, in more recent dates, a mosaic of health phenomena is added that result from unprecedented scenarios, whose manifestation is a product of the omnipresent use of information technologies in a global world, in such a way that it gives rise to health phenomena both of an emotional order (dependencies and addictions to new technologies and their consumer offerings: social networks, video games, etc.), as well as in organic terms, that is to say: discomfort and suffering derived from the intensive use of this type of technological tools that are projected in diagnoses such as: dry eye, cervical problems, scoliosis, carpal tunnel syndrome, insomnia, among many others, and which are currently also part of a demand for care in terms of the provision of general and specialized medical services , diagnostics and pharmacological.

2) A very attractive controversy has arisen when trying to identify those techniques that accompany qualitative work. It is said that in reality there are no qualitative or quantitative techniques, that the real discussion is at the level of the epistemological foundations and the theoretical-methodological approaches that mark the problematization of social reality. In this regard, a distinction is usually made between idiographic and nomothetic methods. In the first case, in reference to the study of people, events, or individual and unique things. While, in the second case, the work has to do, above all, with the search for general laws and regularities that cover individual cases. We speak, in the most general sense, of qualitative and quantitative methods and techniques, respectively.

3) Indeed, the relationship established between the subject who knows and the object that is known (pretends to know) is part of the richest discussions within the social sciences.

4) The 60's of the 20th century represent a series of changes and questions at an international level; The French May is one of the most representative, but at that time the Cuban revolution also took place, the changes that occurred in China, the offensive against Vietnam, and in this sense the questioning of imperialism and authoritarianism. In the case of Mexico, the doctors' movement in 1964 preceded the student movement of 1968; without forgetting of course the railway and teacher movements of 1958.

5) In the traditional setting of the social sciences, the subjective has been seen in terms of discredit, in opposition to the objective knowledge proposed by the so-called exact sciences. It is a fact

that at the beginning of the 20th century, with the revolution in physics made by Einstein, and the subsequent development of microphysics in which the role of the observer (that is, the subject) is recognized, marked an important sign of rupture that manages to remove certainties, reaching the social sciences; which has great relevance, given that criticism grows within the philosophy of science. See: Briggs, John P and Peat F. David (1996) Through the Wonderful Looking Glass of the Universe. The new revolution in physics, mathematics, chemistry, biology and neurophysiology that leads to the nascent science of totality. GEDISA. Barcelona, Spain; consolidating an opening scenario that has allowed the recognition of the importance of qualitative research in the social sciences.

6) Traditionally, the way of expressing everything that refers to health conditions and problems in a society is due to the management of variables and indicators that, in aggregate, by age group and sex, allow us to know the incidence of certain diseases or Causes of death. Also, at the level of government information, this information is usually worked on according to the different states or regions that make up the country, and health institutions have information at the health region or jurisdiction level.

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