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Methodological Horizon for Understanding the Health-disease Process

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Author's contribution

The sole author designed, analyzed and interpreted and prepared the manuscript.

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ABSTRACT

Aims: Constructing a methodological horizon that makes possible the analytic of the health-disease process from the perspective of the philosophical hermeneutics.
Study Design: Qualitative research with interpretive hermeneutic approach.
Place and Duration of Study: Faculty of Medicine, Autonomous University of the State of Mexico, between August 2016 and July 2017.
Methodology: The theme of the study was themed to rehabilitate the methodological strategy to approach the understanding of the health-disease process. Through Foucault's archeological method was confronted methodological work of Heidegger and Gadamer for the analytics following categories: hermeneutic situation, phenomenological reduction, phenomenological destruction and phenomenological construction; rehabilitating the medical tradition influenced by Claude Bernard, Karl Jaspers, Georges Canguilhem, Jacques Lacan, and Maurice Merleau-Ponty and Hans Jonas.
Results: The results show the structure of the methodological horizon that begins with a starting point to clarify the hermeneutical situation with the following structure: having previous, previous way of seeing and previous way of understanding. Continues with the elaboration of the horizon of meaning product of the phenomenological reduction and delimits the point of view, the direction of the gaze and the horizon of the gaze. Subsequently the destructive moment that includes two

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phases is developed: analytical and comprehensive. The hermeneutical task is concluded with the constructive moment in which the knowledge, explanations and understandings are incorporated, through the fusion of horizons; It includes two phases: reconstructive and critical.
Conclusion: The epistemic complexity of the health-disease process requires articulating multiple methods to understand it. Based on the methodological indications analyzed, the horizon is integrated by a point of departure and three moments: phenomenological reduction, constructive moment and deconstructive moment. This methodological approach opens horizons to the understanding of the health-disease process circumscribed to the world of life.

Keywords: Health-disease process; hermeneutical situation; hermeneutics; phenomenology; Heidegger; Gadamer.

1. INTRODUCTION

In the twentieth century, scientific advances and their technological application in the field of health and disease were vertiginous, so that the health sciences, a multidisciplinary field whose purpose is to study the health-disease process, has turned about the world of life accumulating successes that contribute to improve the quality of life of the human being in his being-there-thrown-in-the-world. In this sense, Karl Jaspers [1] warns about the dangers of technical application in the field of medical sciences, making clear the need to look for the relationships between technique and medicine that make it possible to improve the health conditions of the patient.

The products of the health sciences have promoted the development of the well-being of the human being by improving life expectancy, triggering, on the one hand, the technological illusion of a healthier life [2] and on the other, the disappointment of noting the absence of a life project [3] that promotes the *praxis* of health. Jaspers will question himself: "what does the doctor do where the science ends?" [1].

In addition to the positive effects that the scientific-technological development cause in life, the dark side of the application of scientific knowledge is evident when constructing a medicalized world [4,5], which is contradictory, dependent on complex interactions of factors that determine coexistence of health problems linked to the level of socioeconomic development; as it is the case of the calls, in some time, diseases of the poverty and diseases of the wealth, or the transitional paradigm at demographic level is shown (aging of the population and investment of the population pyramids) [6], sanitary (demand of services of high-specialty health care) [7]; and epidemiological (diachronic and synchronic existence of the infectious-contagious and chronic-degenerative diseases) [8] that make up the health transition.

The convergence of the components of the transitional paradigm in the dialectic of the health-disease process shows the fundamental problem of the relationship between: economic growth, health care, quality of life and sustainable development; the need to reduce the chasm generated by scientific development [9-11]. In response to this problem, health sciences expand the participation of disciplines in the field of social sciences and incorporate humanistic disciplines (science of the spirit). These disciplines have contributed to the enrichment of the understanding of the health-disease process, however, along the way there were tensions between biomedical approaches of a quantitative nature and interpretative approaches of a qualitative nature. The tension between qualitative-quantitative research is clearly shown in the thought of Maurice Merleau-Ponty [12] that emphasizes the understanding of the experience of the lived world and its expression in the same body.

The qualitative-quantitative debate is gestated in the context where the health sciences, ascribed to the biomedical scientific model, operate with the formal deductive rationality of the natural sciences, and the disciplines ascribed to the scientific model of the social sciences and the spirit, promote an interpretive, relational, and evaluative knowledge, fundamentally linked to the existence of the human being [13] (Fig. 1). Although mixed methodological approaches have been proposed, the controversy between quantitative and qualitative health research not only continues but has placed the discussion in the models of health care and clinical practice [14,15].

In this sense, the health-disease process faces an epistemic complexity that is reflected in the

coexistence of theoretical models that make it possible to explain the causal relationships of the determinants of health with the appearance of the disease, whether at the individual or population level [16,17], but based on the perspective of statistical normality epistemologically delineated by Claude Bernard [18], Auguste Comte [19] and Georges Canguilhem [20]; in a transit in which one aspires to understand the quality of life [21] and to incorporate the spiritual dimension [22] to the biopsychosocial unit of the human being, as Jacques Lacan's vision aspires to recover the spiritual experience of self-care [23].

Transiting from the biological components of the health-disease process to the spiritual participation in the individual and collective historical dynamics of health and disease requires a deep and complex thematization to relate heterogeneous elements that are grouped synchronously and diachronically in a thematic dimension and another methodological. Thematizing health-disease to show the way it is presented in the world of life for the understanding of the human being, is a deconstructive process that has been combined with a criticism of the tendency to legitimize the domain of nature in the modern culture [24,25]. Considering the possibilities of knowing, producing and acting attributed to the health sciences, thematization systematically excludes processes of self-understanding when constructing categories of analysis that are grouped, conserving the thematic-methodological coherence required to approach the reality of the health-disease process through the scientific study of its characteristics. The thematization thus carried out implies epistemic postures and conceptual challenges for various problems of the health sciences that may find their openness to understanding through philosophical reflection; for example, how is the thematization of the health-disease process on which the thematic objectification of the health sciences rests? Or, how is the methodological thematization of the health-disease process on which objectivity rests, verifiability and veracity of scientific knowledge in the health sciences?

Explain the appearance of the disease in humans as a result of the coexistence of risk factors, lifestyles and health determinants in a temporary progression that necessarily leads to death, offers the possibility of reinterpreting the morbidity and mortality of the human being through the model of the natural history of the health-disease process from the field of ontology [26,27]. The ontologization of the health-disease process contributes to providing the thematic foundation in each of the disciplines that are grouped in the health sciences, but also involves the approximation by means of a method of phenomenological nature that fuses and sustains the logic of the research process.

Traditionally, the logic of scientific research in the health sciences is limited to the experimental model of the natural sciences to explain the structural nexus of the health-disease process [28]. This model leads to the causal and mathematizable representation of health and disease states [29]; but in this case, is there talk of perceived, known or constructed reality? Currently, the debate is located in the subject-method-reality triadic relation, either incorporating into the discussion the existential nature of health and disease through qualitative research methods [30], or opening new horizons of scientific application, as is the case of translational research [31]. Whether from the existential nature of the health-disease process or translational medicine, the following question arises: how is the scientific study of the health-disease process made possible through quantitative and qualitative paradigms to model the perceived, known and constructed reality?

The methods of quantitative, qualitative and mixed research used in health sciences respond to different epistemic paradigms [14,32] in a way that they explore multiple questions, problems and constructions of the reality in which the state of health and illness of the human being unfolds. But the scientific tradition that characterizes the health sciences reduces the epistemic approach to the need to explain the way the health-disease process is presented in the existence of the human being during his stay in the world of life. However, the study of health and disease from social, cultural, economic, ethical and spiritual approaches, highlighted the duality between explaining and understanding from which the quantitative and qualitative methodological approaches derive epistemically.

The controversy continues in the epistemological and methodological field, focusing on the possibility of obtaining scientific knowledge. One way of solution has been to complement both methods, thus emerging the mixed methods that are currently widely used in health sciences; but the explanatory approach continues to prevail in a fragmented reality reduced to the biological.

So, how to capture the human experience in terms of health and illness in a fragmented reality? How to bridge the gap between reality built from quantitative research, qualitative research, known and perceived reality?

When exploring the answer to these questions, an epistemic rupture is identified at two levels. The first is limited to the reductionist component of the health sciences and is delimited by the thematic construction of the health-disease process; is given at the moment of understanding that the phenomena of health and disease are locked in a continuous process linked to human existence. The second level is gestated in the confrontation of scientific traditions applicable to the health sciences and is located in the methodological component used for the study of the health-disease process; it manifests itself by confronting the logic of research processes of a quantitative and qualitative nature.

The growing complexity of the health-disease process and the epistemological rupture at a thematic and methodological level expose the relevance of exploring alternative, critical and reflexive methodological paths that offer the possibility of saving abysses, resolving ruptures and finding new ways to understand the phenomena of health and disease in the spiral of the events of factual life. In this context, what is the structure of the method that makes it possible to understand the health-disease process? How to access the understanding of the health-disease process?, that is, how to build the starting point to delimit and systematically articulate the scope of manifestation of the interpretive sphere of the experience of health and disease?

Considering that the inadequacy of the methods used in the health sciences is determined by the limitations of the reductionist explanation models, and the complexity of the health-disease process is linked to the existence of the human being in his or her transit through the world of life, the present study was carried out with the purpose of constructing a methodological horizon that makes possible the analytic of the health-disease process from the perspective of the philosophical hermeneutics.

Using the Foucault's archaeological method, the architectural of the study starts by enunciating the methodological assumptions that found the methodological horizon from the diachronic articulation of the Husserl´s transcendental phenomenology [33], the Heidegger's hermeneutical phenomenology [34] and Gadamer's philosophical hermeneutics [35]. Subsequently, the indicative elements are exposed to construct the methodological horizon that makes it possible to open paths of interpretation-understanding-application during the study of the health-disease process from the field of health sciences. Finally, it will be

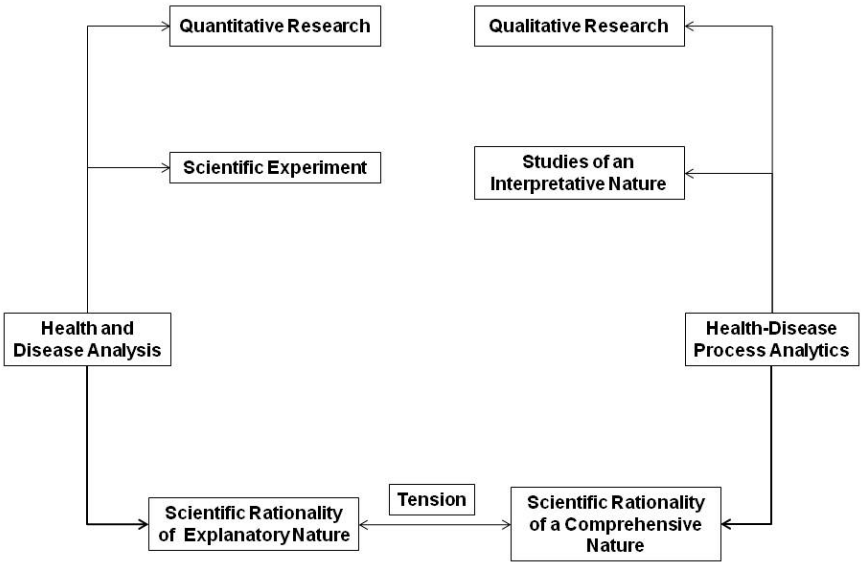

Fig. 1. Schematic representation of the tension existing in the analysis of health and disease and the analysis of the health-disease process

concluded highlighting the complexity of the health-disease process that demands a horizon of meaning delimited by the following coordinates: an epistemic reference that makes it possible to understand it from the temporality of the human being, an ontological reference that situates it in the facticity of the world of life, and a methodological reference that leads to compression itself.

2. METHODOLOGY

Understanding the methodological diversity of the health sciences, reconstructing a horizon of understanding that reveals internal links between health-disease and factual life, addressing epistemological principles in the development of research processes, is an interpretation task typical of philosophy. The philosophical reflection allows the research to contribute the problematizing capacity to deepen the phenomenological theme of the comprehension horizon applicable to the health-disease process, as well as to systematize the argumentation and structuring of the ideas that are exposed as a result of the philosophical work through the use of language own health sciences.

In this sense, the methodological horizon for the realization of the research was constructed from the scope of the philosophy delimiting the thematization of the object of study in the following terms: rehabilitating a methodological strategy that makes possible the application of an alternative method to approach the comprehension of the health-disease process. From the thematic delimitation of the object of study, besides considering the inseparability of the object of study and the method used for its analysis, that the reflection of the method comes from the scientific praxis, and the method is defined by the subject itself [28]; the methodological approach used to develop the research was the archaeological method developed by Michel Foucault [36]. This method was selected due to its characteristics that allow the analysis of the categories of analysis when confronting, complementing and deriving the formal indications of a methodological nature from Husserl, Heidegger and Gadamer; from a tradition influenced by Claude Bernard, George Canguilhem, Hans Jonas, Maurice Merleau-Ponty and Jacques Lacan. Below are the coordinates with which the methodological horizon of the study was constructed.

2.1 Thematization of the Object of Study

In the world of life, health and disease they are shown to be-in-the-world hermeneutically and not reflexively. This does not mean that the scientific knowledge generated by the health sciences is denied, on the contrary, it implies the need to appropriate this scientific knowledge to the understanding of the world of life that the human being realizes when he is in it. To say, Heidegger "instead of knowing things, you have to understand looking and understanding" [37].

The understanding of the health-disease process requires transcending the subject-object relationship of the modern theory of knowledge [12], so that the human being (as a knowing subject) is placed in a symbolic world with which he establishes relations of meaning from the historicity of its existence (since it belongs to a tradition); which implies looking at other aspects of the problems of the health-disease process. The method of natural sciences used to explain the biological dimension of health and disease [38] has proved insufficient when applied to the social, psychological or spiritual dimension of the health-disease process; enabling the participation of other disciplines to understand variations in life expectancy, awareness of health problems, characteristics of medical services and access to health care services; besides understanding the existing relations between the material conditions of life and the physiopathological processes of the disease.

This has generated other problems of epistemic nature, to determine what is or not science, so that the discussion of knowledge in terms of cognitive abilities and social relations in the production of knowledge is opened extending the vision of the scientific method of the laboratory to a wide range of social practices from which knowledge is generated [39]. However, the contribution of the social sciences and the humanities to the study of health and disease is significant, since it facilitated understanding the dialectical nature of the process, situating it as a complex phenomenon that occurs in specific, historically determined subjects, enabling the distinction of three levels of analysis: the first level corresponds to the unicausal model of the disease; the second, with the multicausal model of disease and, in the third, the internal links between the phenomena that characterize the health-disease process are identified [40] (see Fig. 2).

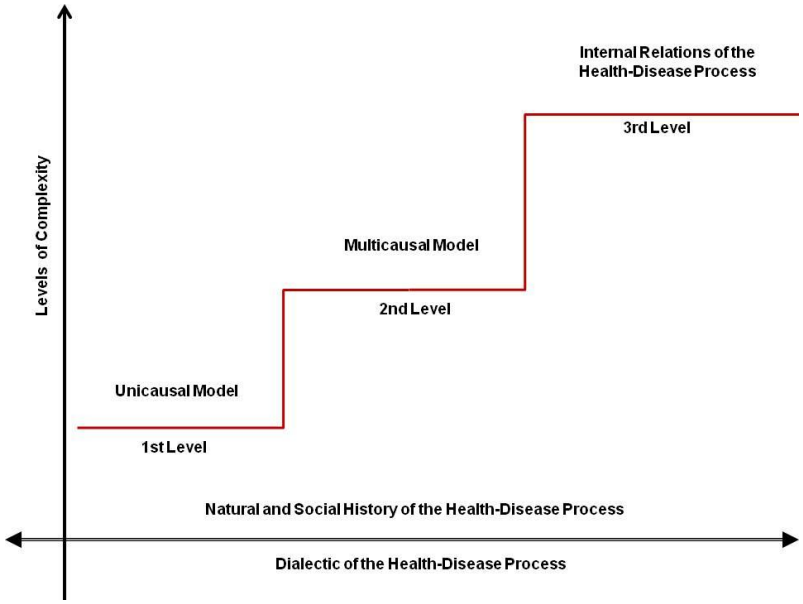

Fig. 2. Schematic representation of complexity levels to analyze the health-disease process

The first level corresponds to the basic biomedical sciences and has been developed through the scientific experiment using laboratory animals with the purpose of carrying out the characterization of the biological variables that are involved in the development of health status or disease [41]. Subsequently, the clinical trial was incorporated as a research model in humans and is established as the classic experiment in medicine and related sciences [42].

The second level uses multicausal models to explain the genesis and evolution of the disease and highlights quantitative epidemiological studies such as cohort studies, which allows obtaining results compared to those obtained with the scientific method of natural sciences [43]. At this level, emphasis is placed on social, cultural and psychological aspects in the dialectic of the health-disease process, so that multidisciplinary views are incorporated into the model of the natural and social history of the health-disease process; for which qualitative and mixed methodologies are developed. However, the use of the qualitative approach is not well accepted by some sectors of the scientific community in the area of biomedical sciences [44].

At the third level, the aim is to understand the empirical access to reality through scientific knowledge, for which mixed research methods have been developed, which continue to present epistemic limitations in the appropriation of scientific knowledge to understand the health-disease process in all its complexity. At this level, the approaches to make clinical decisions, the incorporation of advances in biomedicine into daily clinical practice, disparities in health, global health policies and their application through regional and local public policies stand out. However, alternative approaches to health care have not yet been integrated into the health sciences worldview.

These levels of analysis of the health-disease process, as well as the health conditions of the world population and the vertiginous generation of knowledge in the area of medical sciences, require the development of methodological strategies that allow the analysis of the reality in which manifest the states of health and disease of the human being. As Gadamer points out [45], it is necessary to renew interpretative traditions that make it possible to open roads to reveal the enigma of health and understand its hidden state; so that we can move towards a path that leads to an understanding of the human condition and does not deviate solely to address the discomfort that the medical culture is generating [46].

In this context, health and illness are shown to philosophical reflection as a space dominated by clinical practice that leads to diagnosis and treatment, but that has greater implications in

human life and can be reflected from the field of phenomenology for which will be able to resort to the articulation of scientific and clinical discourse in terms of a discursive social practice, as Foucault has stated [47]; complemented with the perspective of the extreme situations of Jaspers, the experience of the lived body of Merleau-Ponty [12], the symbolic nature of Lacan's conscience [23], the intentionality of elaborating normative approaches that transcend the normality of the health-disease process as indicated by Canguilhem [20] and the links of responsibility with the application of the technique to the medical attention indicated by Jonas [25].

2.2 Archaeological Focus

In the health sciences, the vital experience of being-healthy or being-ill is exposed through the theorization of empirical evidences analyzed from the scientific method. The sequence of the explanation seems clear: it starts from the empirical perception of things to be, later, explained by the construction of theories [18].

Facts, hypotheses and theories are integrated into conceptual models that more or less conform to the reality of the world of life. But Foucault [48] points out that in this order between the empirical and the theory, imposed by modern science, there is an intermediate region where the hegemonic scientific discourse regulates the schemes on which the research processes are developed. But it is not the process itself that interests Foucault, but scientific research as a social practice that is expressed in the discourse, in the language of the science in question, in the statements that sustain the relation of objectivity between the world of factual life (empirical phenomena) and the theoretical knowledge contained in those statements.

The archaeological approach of Foucault proposes the pure description of discursive events as a horizon for the search of the units that are formed in them, attending to the dispersion and discontinuity that makes possible the integration of rules of discourse formation [36], for which it analyzes the conditions of exercise of the enunciative function of the object of study in a socio-historical area determined from the historical discursive material by exposing the operative nexuses of the discursive formations in terms of the way in which they are constructed, determined and delimited during the development of practices discursive [49].

Foucault's method of archaeological analysis identifies a set of statements and describes the relationships between them, in order to show the field of exercise of the enunciative function linked to a discursive formation, as is the case of scientific, clinical, philosophical discourse, phenomenological, among others [36]. Here, the distinction between theoretical texts and their problematization is carried out to later identify the set of historical rules that define a given time and social area, as well as the conditions of exercise of the enunciative function [49-51].

The way in which it is said through the scientific texts, will reveal the effective social practices that operate in society during a historically determined period and makes it possible to move from the analysis of the statements and their normative rules, to the discursive formations, in which articulate four elements: objects, statements, concepts and themes [36]. The object is shown as a bundle of relationships about which something can be said. The statements, according to their formation and normative coding, are analyzed in terms of the relations that favor the development of enunciative modalities that give meaning to the social practice of the subject. The concepts show the internal structure of the discourse derived from the social practice of the subject, that is, they attend to the architectural of their formation in a system. The themes consider the freedom in which the relations of the objects, statements and concepts are established. Each of these elements are related to the categories of analysis defined to thematize the object of study (Table 1).

It is in the theme, or the freedom with which the objects, statements and concepts are linked, as are the discontinuities and ruptures in the emergence of new objects, in the different historical strata. This implies that the foucaultian archaeological procedure leaves aside the object; that is, it explores the position of the subject who speaks, emphasizing the practice from which the emergence and transformation of concepts, theoretical choices and the architectural that accompanies the practical activity that involves the production of knowledge [36]. Thus, phenomenology is observed as a social practice fed by the discursive-knowledge practice axis. A knowledge that goes beyond the scientific demonstration to incorporate myths, stories, legends, a symbolic logos that shapes the rules to thematize the objects and determine the relationship of the subject with its reality from

the relationship between historically accessible languages [52].

2.3 Analytical Categories

The development of the study requires the identification of categories that, in addition to allowing the analysis of content in a traditional way, disarticulating the whole in its parts in a Kantian sense; because given the complexity of the world of life, the recognition of the foundation of knowledge in the experience of the lived world [12] and the historicity of the human being, no object or phenomenon can be completely reduced to categories and causal relationships [20,23]; there will always remain a theoretical or practical substrate in the pre-comprehension of human activity; so that analytical categories are resorted to as *methodus resolutiva*.

The analytic, also in the Kantian sense, contributes to reduce something to its origin and consists, as Heidegger points out, "to bring to light the genesis of the true meaning of a phenomenon, to advance to the last conditions of possibility of something given" [53]; so that the categories must offer the possibility of showing the phenomenon in its different fundamental modes of behavior in the surrounding world, in such a way that the analytic "presupposes the directive for the horizon towards which, so to speak, the analysis to find the generic conditions of a phenomenon and its possibility" [53].

The analytical categories defined for the construction of the methodological horizon include the following: hermeneutical situation, phenomenological reduction, phenomenological destruction and phenomenological construction.

2.4 Criteria of Truth: Validity and Reliability of the Study

Bearing in mind the indication of Federico Nietszche in terms of "facts are just what aren't, there are only interpretations" [54]; in addition to the validity and reliability of the research process is specific to research of a quantitative nature and transferred to qualitative research [55,56]; in philosophical research have incorporated empirical [57] and logical [58] approaches enabling the application of the alternative criteria of Lincoln and Guba to evaluate qualitative research [59].

Table 1. Relation of the elements of the discursive social practice and the categories of analysis defined in the study

Element	Description	Category of analysis
Object	Make relationships about which you can say something	Hermeneutical situation
Statement	Relationships that favor the development of enunciative modalities that give meaning to the social practice of the subject.	Phenomenological reduction
Concepts	Internal structure of the speech derived from the social practice of the subject.	Phenomenological destruction
Themes	Freedom that establishes the relationships of objects, statements and concepts.	Phenomenological construction

Table 2. Criteria of validity and reliability applied to the study

Criterion	Application
Credibility	Elements of the discursive practice are constituted in experiences subject to interpretation in the context of the study. Verification of the information obtained from the authors as a whole. Verification of the interpretation made by the researcher of the theoretical positions enunciated by the authors confronted in the development of the study.
Transferability	Ability to transfer the results of philosophical research to the context of the health-disease process. Description that provides the reader with detailed contextual information.
Dependability	Possibility that other research follow the methodological process to explore the different levels of the natural and social history of the health-disease process.
Confirmability	Self-critical attitude and recognition of the influence of the effective history during the development of the investigation.

In this context, in order to determine the quality of the research process carried out, it was ensured by addressing the following criteria of truth of the interpretative paradigm in qualitative research [60]: credibility, through the persistent confrontation of the fractional elements carried out during the analysis of the study categories, permanent process that involved each stage of the study; transferability, by establishing coherence and its theoretical correlation between different authors that come from different cultural, ideological and temporal contexts; dependability, through the establishment of methodological clues for the reconstruction of the study by other research groups interested in the field of research; confirmability, by means of the use of descriptors of low level of inference in addition to the exercise of reflection that implies the exposition of the epistemological assumptions on which the study is based (Table 2).

3. RESULTS AND DISCUSSION

When analyzing the scientific and technological advance of medical sciences registered during the last 50 years, the contradictory duality between historical-social knowledge and that of the natural sciences that characterizes the scientific practice of medical research since the 18th century is revealed again. This duality enunciated by Karl Jaspers and Hans Jonas, circumscribed by the mind-body relationship outlined by Descartes, continues to generate tensions between scientific research carried out with methods based on quantitative paradigms and those based on qualitative approaches, thereby generating epistemic ruptures between two traditions of the philosophy of science that have contributed to the development of medical sciences: explain and understand.

An answer to solve the tension between quantitative and qualitative, between explaining and understanding health and illness, is generated from the field of health *praxis*. The scientific and technological development that sustains the work of health sciences has led to the emergence of a culture of care in the sense pointed out by Foucault [61] and Lacan [23], a new *koine* of health and disease that aims to unveil the mystery of health, trying to clarify the enigma that underlies the hidden meaning of the health-disease process, and that also makes it possible to synthesize scientific advances derived from quantitative and qualitative research. Summary that is shown as a scientific syncretism in the field of health sciences that allows to explain/understand the reality of the health-disease process in all its dimensions.

Explaining/understanding the reality of the health-disease process in the context of the *koine* of contemporary health is the task of hermeneutics [45,47,62]. It also exposes the need to reflect on how to do hermeneutics in the field of health sciences [63,64]. This process has a historical evolution. The history of philosophy shows an evolutionary continuity of Husserl's phenomenological method with Heidegger's hermeneutic phenomenology and of this, with Gadamer's philosophical hermeneutics; so that the archaeological method helps to reveal the historical networks that enable the development of discursive scientific practices in the field of health and disease, from the study of the rules that configure the occurrence of the natural and social history of the process health-disease.

Hermeneutics comes from the Greek *hermeneuein*, and Heidegger defines it as "that making present that leads to knowledge insofar as it is capable of listening to a message" [65]. In this conception, hermeneutics is articulated with language, a relationship from which Gadamer develops philosophical hermeneutics as a theory of interpretation, pointing as its nucleus, the mobility of meaning and the historicity of man expressed in tradition through historical effectiveness [66]. The historical effectiveness represents in the Gadamerian hermeneutics the principle according to which the historicity produces effects on the own understanding, that is to say, the finitude of the human being demands to have conscience of which it is in a set of historical phenomena to extract of them all its possible consequences by merging understanding horizons [66,67]. This approach is complemented by the proposal of Merleau-Ponty in the sense of the intentions of the act, that is, in which the human being addresses the world from the world he has been experiencing [12], a world that is shown to the conscience of symbolic based on experience as Lacan points out [23], but that also transcends the normality that medical sciences seek to approach towards the creation of normativities as Canguilhem indicates [20].

It is important to note that the philosophical hermeneutics considers as a unitary process the understanding, the interpretation and the application, elements that perfectly concatenated and without the possibility of dissociation or rupture, make up the so-called hermeneutical

circle [66,68,69], which implies that the method in the hermeneutics is not a pre-established procedure but the search of the different ways of understanding through the dialectic of question and answer. In this direction, the philosophical hermeneutics is not a general theory of interpretation nor a doctrine that establishes differences between the methods of hermeneutics, but it allows to trace and show what is common to every way of understanding: the historical effectiveness that underlies the tradition [66,67]. By understanding, the perspective of the meaning of the tradition and its presence in the human being is adopted and modified, for which reason it always understands differently because it belongs to a tradition. The belonging and appropriation of the tradition is linked to how one experiences the relationship with the other, the others, the historical traditions and the natural conditions of existence.

In this context, the proposed methodological horizon for understanding the health-disease process includes a point of departure, a horizon of meaning, a destructive moment and a constructive one (Table 3). The methodological development begins at the moment of reconstructing a point of departure, where the hermeneutical situation is developed to expose the prejudices following the scheme proposed by Heidegger to perform the analytical of the structural components of the hermeneutical situation to be interpreted, namely: prior having (*Vorhave*); a prior seeing (*Vorsicht*), the previous way of seeing; and a prior conception (*Vorgriff*), the way of understanding prior. Subsequently, a horizon of meaning is constructed as a product of phenomenological reduction, exposing the sense of interpretation determined by the consciousness of the actual history following the scheme proposed by Heidegger of the structure of a horizon of meaning. During the destructive moment, related to the phenomenological destruction, the analytic of the relations established in the different levels of the natural and social history of the health-disease process that is shown in the sphere of the world of life is carried out. Finally, during the constructive moment, the phenomenological construction is carried out in which the knowledge, explanations and comprehensions are incorporated, through the fusion of horizons.

3.1 Starting Point: Characterization of the Hermeneutical Situation

The starting point to expose a methodological horizon that makes it possible to understand the health-disease process is to make transparent, as far as possible and from the tradition to which it belongs, the situation from which and in which it is accessed to understanding. This is the hermeneutical situation to which Heidegger and Gadamer resort in every process of analysis of the reality of factual life located in a surrounding, shared and proper world; and that is reflected in the conception of the boundary situations defined by Jaspers [70].

For Heidegger, when the theoretical interpretation becomes the explicit task of an investigation, the hermeneutical situation implies a certain way of situating oneself that corresponds to a correlative way of appearing [34,71], so it needs to be previously clarified and secured in and from a fundamental experience of the "Object" that you want to interpret [72]. In this sense, the hermeneutic situation refers to the situation of the interpretive act, that is, the experiential interpretive task of the world of life begins with the phenomenological analysis of the situation that is the object of interpretation and will be hermeneutical insofar as the interpretation exposes the elaboration and appropriation of an understanding.

Table 3. Architectural of the methodological horizon to understand the health-disease process

Structural moment	Methodological stage	Praxis hermeneutics
Point of departure	Hermeneutical situation	Prior having (*Vorhave*) Prior seeing (*Vorsicht*) Prior conception (*Vorgriff*)
Horizon of meaning	Phenomenological reduction	Point of view Direction of the gaze Horizon of the gaze
Destructive moment	Phenomenological destruction	Analytic phase Comprehensive phase
Constructive moment	Phenomenological construction	Reconstructive phase Critic phase

The hermeneutical situation, understood as the interpretive act in itself, is characterized by three structural moments: the previous one, the previous way of seeing, and the previous way of understanding [73] (Table 4). The hermeneutical situation, understood as the interpretive act in itself, is characterized by three structural moments: the previous having, the previous way of seeing, and the previous way of understanding. The clarification of the hermeneutical situation implies making the experience lived and experienced spiritually transparent in the disjunction of the subject with the truth through the interpretative situation in which the subject finds himself in relation to these three moments.

The hermeneutical situation is clarified from the place where the subject is placed in the world of life. When clarifying the hermeneutical situation, the subject acquires the consciousness of being thrown into the world what determines the pathos or disposition of mind with which it develops in the world [74]; the way he is-in-the-world. The way to meet and look at the world to be thrown into it, is articulated with the possibility of projecting the existence into the future so that the surrounding world and everyday becomes meaning, looking for the Lacanian subject-truth relation. But this meaning is not reduced to truths derived theoretically and scientifically from a world that is "there", "before the eyes", taking them out of their concrete historical context. On the contrary, it is a meaning that does not abstract the situation of its environment, but of a historically situated and relational meaning, not in terms of causal relationships and normality, but experiential experiences of extreme situations that configure the sense of the individual in the world of life that surrounds it to generate a state of well-being or bad-being, as is the case of the mechanisms that generate psychopathology described by Jaspers [75].

In this sense, Gadamer accentuates the historicity of existence through the consciousness that the subject acquires of the effect that history exerts in their daily life, so that the conscience of the actual history is awareness of the hermeneutical situation [67,76]; and above all, of those situations limit. This awareness requires that the subject recognizes himself ascribed to a tradition in which he participates. To arrive here, it is necessary to reveal the prevailing judgments in the tradition in which the subject participates, constituting itself in the essential components of pre-comprehension, also referred to as prejudices in Gadamer's texts; for whom the enunciation and recognition of these prejudices, is the starting point for every act of understanding, that is, of the hermeneutical situation [76-78]. In the case of the health-disease process, the understanding of the experience when the state of health or disease occurs when the human being is imbued in the surrounding world, attending to the deployment of its meaning in the word, thought and action expressed in a textual construction. In this sense, the health-disease process as a hermeneutical situation lays the foundations to show to consciousness the effective history of reality perceived in transit towards a known reality that derives in a construction of reality. This approach is congruent with that indicated by Merleau-Ponty in reference to the acquisition of the conscience of the world, which translates into an awareness of health and disease in its symbolic links that foster the sense of understanding of knowing oneself healthy or ill.

The hermeneutical situation of the health-disease process as an object of interpretation,

Table 4. Elements of the starting point to build the sense horizon

Moment of the hermeneutical praxis	Key points
Previous having	Initial understanding of the health-disease process. First phenomenological characterization through the natural and social history of the health-disease process.
Previous way of seeing	It guides the attention towards the whole in which the way of being of the health-disease process is shown. It is made from the experience and experience of health and disease that the subject has.
Previous way of understanding	Conceptual repertoire that underlies the tradition in which the subject is immersed. It allows establishing relationships to understand the unity of the natural and social history of the health-disease process.

needs to be clarified and delimited thematically in a first approach to its understanding, considering that the human being is-in-the-world experiencing and articulating the dynamic, symbolic and historical interrelations that they establish themselves between him and the world of life, moving from the state of health to that of illness, to return to a different state of health or, to reach the final outcome of life.

As Heidegger [72] points out, the interpretive act in investigative terms requires exposing and articulating each of the structural moments of the hermeneutical situation. In this way, the health-disease process is accessible to the understanding from the belonging of the subject to a symbolically articulated and historically structured world; that is to say, the analysis of health and disease, from the pre-understanding horizon of the world inherent to the human being [71,79], must guarantee the adaptation to the phenomenon that is shown in the reality of existence. This is achieved through the analysis of previous experience, the previous way of seeing and the previous way of understanding that characterize the hermeneutical situation.

3.1.1 The prior having (*Vorhave*)

The prior having (*Vorhave*) makes reference to the initial understanding of the health-disease process, which will be expressed in the concept that shows its existence as a possibility of being. The use of the natural and social history of the health-disease process guarantees to express the totality of the phenomenon in its different ways of showing itself in the context of relationships established in the world of life. Heidegger points out in relation to having previously stated that the text of whose interpretation we are dealing with is what the interpretation explicitly takes as having been prior. What is inside the previous one is presented to the interpreter, at first, as something more or less vague, or that begins by understanding in a more or less appropriate way [71-73,79]. The prior having (*Vorhave*) implied a first phenomenal characterization that makes it possible to approach the thematic entity towards the constitution of the being that is its own [79-81]. For Flores Hincapié [82] is a previous point of view, from which the phenomena are shown to the subject for its explicit or implicit understanding. It will be from this characterization, the point from which the analysis of the health-disease process is adjusted.

3.1.2 The prior seeing (*Vorsicht*)

The prior seeing (*Vorsicht*), the previous way of seeing refers to the concrete existence of the entity differentiating its ways of being and situates the phenomenon under study under a specific perspective [71-73,79]. That is, it guides attention towards the way of being of the health-disease process that is shown in the world of life. As a look that guides what is being interpreted, it is carried out simultaneously with the procedure to constitute the initial understanding (the prior having). This vision is the previous way of seeing that points to the mode of being of the entity that is under analysis; its objective is to achieve the unity of the structural elements that constitute when put into perspective, making it possible to pose the question by the sense of the unity of the whole-of-being. In this regard, Heidegger notes that the interpretation of what first appears as something previously understood is guided by a vision that has to interpret the first understood. This guiding vision is the previous way of seeing, which interprets step by step what has been given in the prior having [73,79].

3.1.3 The prior conception (*Vorgriff*)

The prior conception (*Vorgriff*), the previous way of understanding refers to the repertoire of concepts that make possible the understanding of the phenomenal structure that the human being performs when being in the world [73,79]. It corresponds to the conceptual apparatus that the subject has to understand the phenomena of health and disease linked in a historically determined process. Heidegger points out the linguistic nature of the previous way of understanding; but at the same time, the interpretation based on a prior having and a prior way of seeing, is maintained in a language that anticipates understanding and in a linguistic conceptualization, in which the interpretation collects linguistically and conceptually what is interpreted every time [73,79,83]. The previous way of understanding makes it possible to answer the question about the meaning of the unity of the totality-of-being, in this case, of the historicity of the health-disease process.

3.2 Phenomenological Reduction: Construction of the Horizon of Meaning

Once the hermeneutic situation has been defined, the interpretative procedure in Heidegger continues with the reconduction of the

phenomenological view from the understanding of an entity to the understanding of the being of that entity, that is, with the phenomenological reduction [83,84].

The Heideggerian phenomenological reduction arises from the critique of the transcendental phenomenology of Husserl, reformulating it. Husserlian phenomenological reduction considers objects only according to their "what", attends to the structure of things, but not to the way of being or being of the object in question, refers all phenomena to the pure self to solve the problem of knowledge. The ontological reduction of Heidegger addresses the question of existence by looking for things in their being-in-the-world, so that the priority will be the being-there in their daily relationship with what is at hand and what is needed pre-occupy [72]. In this sense, Jaspers' perspective of the significant apprehension that delimits, in terms of development, the relations of understanding in the meaning of limit situations for consciousness stands out [75].

The understanding that derives from the Heideggerian reduction is historical, not only in its determination but also in its occurrence. An event that becomes symbolically in language, and that is projected on the way of being unveiled [72,83]; but that also exposes the experience of one's own body as well as intersubjective relationships by recognizing the experientiality of the other [12]. For Heidegger, the entity is accessible and to access the being, it must be uncovered. In order to uncover the being, one must address the being and direct the gaze towards him through the free projection of the entity. Projecting an entity implies directing itself towards its being and its structures, which constitutes the phenomenological construction [83]. In the dialectic of phenomenological construction, the reduction of the entity is made and progress is made in the free projection towards the being in its possibility of existence in the world of life, thus enabling the opening of horizons of meaning that give content to the understanding of being.

In this conduct from the entity to the being that is hidden from the gaze, it goes through thematization, theorization and enumeration of the entity in its facticity and circumspection, which constitutes the experience of being-in-the-world experiencing the things that they are within reach of being [71]. That is to say, the Heideggerian phenomenological reduction is situated in a historical context, like the perspectives of Jaspers, Merleau-Ponty and Lacan, that enables research processes that allow access to the entity to reveal the being in its relations with the world that surrounds it. Inasmuch as the possibilities of access to entities are variable, so are the modes of interpretation that are determined by the historical moment in which the opening of being is situated; hence the importance of establishing a horizon of meaning for the analysis of the health-disease process.

The horizon of meaning from which all interpretation unfolds starts from the link with reality and the cognitive pretension of the human being to being-in-the-world. This encourages the hermeneutical situation to be in constant historical reconstruction and symbolic interpretation within the framework of the following coordinates: point of view, direction of the gaze, and horizon of the gaze [73,70] (Fig. 3).

3.2.1 Point of view

The point of view involves recognizing the set of presuppositions or presuppositions that are appropriate to facilitate the initial understanding of the meaning in which the thematic content of the phenomenon under study is unveiled; in a way that requires fixing it in time and space ascribed to a tradition as consciousness of the actual history [79]. It constitutes the sense horizon previously given. It allows us to cut back, focus on and direct the previous way in which the health-disease process is presented to our understanding in order to reconstruct, originally and interrogatively, the meaning of the health-disease process in its historical evolution that is shown in history natural and social health-disease process. This cut implies the pre-understanding of the meaning previously given by the contemporary medical tradition, a background in which the immediate understanding of the context in which the problems of the health-disease process are shown is moving.

3.2.2 Direction of the gaze

The direction of the gaze, in which the '*as-something*' is determined according to which the object of interpretation and the '*towards-where*' must be pre-understood must be interpreted that

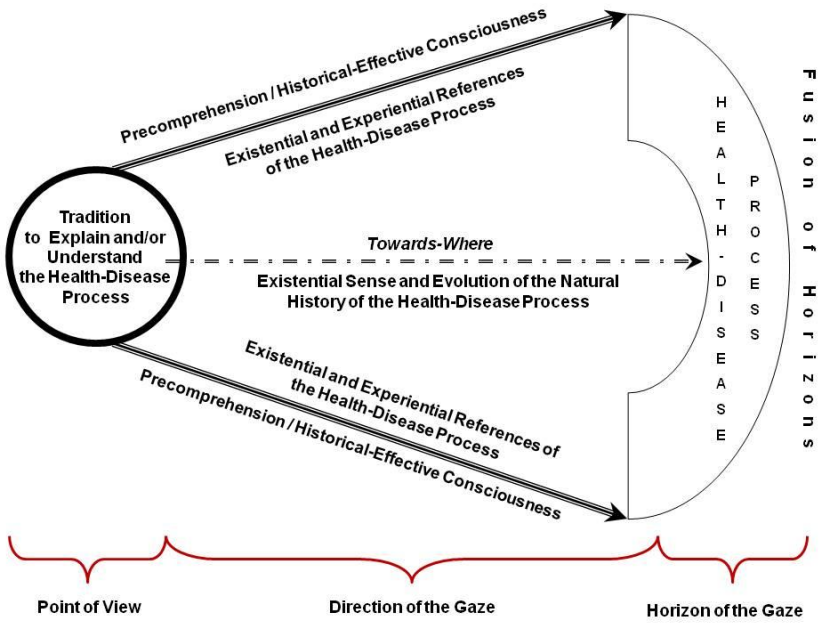

Fig. 3. Schematic representation of the coordinates for the construction of the sense horizon

same object [73], refers to the previous way to see and the perspective under which the health-disease process is placed. To think of the "as-something" when directing the glance also implies considering the phenomenon that is thematized "in-so-what", "in-what-something" or "as-what"; core substantive preconception articulated in the context of tradition [79].

This means that the understanding of the health-disease process constantly requires submitting it to the circumspection of the Western medical tradition to recover the historical-effective conscience that underlies this tradition, so that the question about health and illness is gradually linked to the context of tradition [66,67] and make clear that the health-disease process is not limited to determining how it can be understood from the Western tradition, but how its meaning is built in the experience of the world of life. Considering the impossibility of achieving an absolute and complete knowledge, the health-disease process is placed in perspective from existence to think it from and within the factual life [12].

The precomprehension that derives from the direction of the gaze makes it possible to consider existential [74] and experiential [12] references of the health-disease process as a compulsory subject to understand medical *praxis* as well as the possibility of opening it to hermeneutical analysis. In this sense, precomprehension is integrated by the repertoire of historically determined concepts that give body to the western medical tradition and that we have at our disposal to guide initially and delimit the direction of the analysis, making possible any interpretation when recovering, in this case, the medical tradition.

The other component of the direction of the gaze is the "toward-where", which also implies the "toward-what", the "what-with-views-to-which" and the "what-according-to-which" [79]. The identification of these components of the horizon of meaning provides the context over which the possibility of understanding the project of being-in-the-world is projected. Access to the problem of the construction of knowledge is then made from the interhuman phenomenon in its full realization in factual life, leaving aside its relationship with the positivist approach of medical sciences dominated by the scientific model of natural sciences and reflecting about specific situations that renew the tradition and in which the man feels called and interrogated and asks himself for the *factum* of life from a humanistic approach.

3.2.3 Horizon of the gaze

In the horizon of the gaze delimited by the point of view and by the direction of the gaze, inside

which moves the corresponding pretension of objectivity of all interpretation [73], the preconception (the conceptual repertoire available to extend the understanding) guides and makes possible the recovery and rehabilitation of the conscience of the actual-history through the fusion of horizons [66,67]. With this, it is clear that objectivity in the interpretation of the health-disease process is confined to the understanding of the previous relationship established between the human being (as a knowing subject) and reality (as an object of knowledge) in which the understanding of the question to which it responds. The relation of the subject with the truth, explored hermeneutically by Foucalt [61] and Lacan [23], opens the horizon to the understanding of the structure of technologies and structures of knowledge, self-care and self-technologies as promoters of the search for truth about his health; this implies that the objectivity of health and illness is not the essential point to understand the articulation of both in a process, but the participation of the human being that appears during its existence transiting between the state of health and the state of illness in a permanent dialectic.

3.3 Methodological Horizon: Making Hermeneutics

From Jaspers' [70] perspective, the health-disease process is experienced daily as a limit situation that is circumscribed in the reality of the factual world. Exposure to extreme situations related to health and illness are in some way pre-interpreted by the human being from their life experiences that are shown in the way in which the lived body is expressed [12]. Therefore, the phenomenological reduction as a structure of the methodological horizon that is constructed to perform the analysis of the health-disease process provides a plane of preobjective openness and immediate understanding of the world that does not exclude the subject, on the contrary, there is a strict correlation between the experience, the object and the understanding of the co-belonging with the world of life. Acquiring the awareness of the subject-experience-object-world relationship from the context of the western medical tradition opens the methodological horizon to the hermeneutical inquiry.

Following the Heideggerian thought, the critical dismantling of the health-disease process in ontological, epistemic and ethical components leads to the appropriation of the hermeneutic transformation of Husserl's phenomenology that is concretely operationalized in two moments: a destructive moment and a constructive moment [83]. Without them, it is vain to venture on the path of a categorical articulation of the sphere of immediate donation of factual life and its ontological character [80], that makes it possible to look at the health-disease process in the complexity of its totality that derives in experiences that are experienced in the subject's consciousness when it establishes relations with its surrounding life world [12,23,74].

3.3.1 Phenomenological destruction: the destructive moment

The destructive moment uncovers the intricate conceptual map of philosophy and brings the phenomenon of life back to its original state [80]. That is to say, at this moment the meaning of the problematic raised is revealed to analyze the health-disease process situating it in the world of life. Incorporating the methodological approach developed by Bentolila [85], the moment of phenomenological destruction unfolds in two phases: an analytic phase and another comprehensive phase (Table 5).

3.3.1.1 Analytical phase

The analytical phase consists in the examination and description of the topics included in the chosen problem [85]. In this phase, the categories of analysis are identified, enunciated and defined from the interpretative horizon;

Table 5. Structure of the destructive moment applied to the analysis of the health-disease process

Phases	Key points	Applied techniques
Analytical	Definition of analysis categories	Thematic areas sheets Sheets of problem areas
Comprehensive	Theoretical confrontation Construction of relevant questions Analysis of alternative response options Identification of conceptual contents	Development of schemes Construction of synoptic tables Integration of recovery matrices

which implies identifying and selecting documentary sources for the examination, reflection and description of the categories of analysis considered in the investigation to make the hermeneutical approach, through the comprehensive reading and enumeration of the problematic axes of the chosen theme. A file of the thematic and problematic areas comprising the research is written, recording authors, works and important topics.

3.3.1.2 Comprehensive phase

The comprehensive phase provides an adequate understanding of the issue, comparing the different theoretical positions that offer some relevant answer [85].

In this phase, diagrams, synoptic tables and recovery matrices are constructed; in addition, relevant questions are elaborated, alternative response options are identified, and conceptual contents that remain latent in the medical tradition are identified.

The schemes make it possible to clarify the categories of analysis when delimiting them for their application in the thematic axis of the investigation. The synoptic tables make it possible to disaggregate the conceptual and empirical components of the categories of analysis, which make it possible to highlight coincidences and oppositions between the components of the analysis categories that will be reflected in the recovery matrices.

The matrices of recovery fulfill a double function. On the one hand, they allow confronting the ideas of the consulted texts; on the other, to establish a dialogue through questions and answers with the western medical tradition; what it offers to understand the contemporary medical tradition and generate relevant questions and answers. The relevance of the questions is determined through the possibility offered by each question to transcend the latent responses in the contemporary medical culture. For each question, different answers are obtained related to the conceptual contents that remain latent in the tradition in the form of prejudices, identifying the elements of historical effectiveness [67].

3.3.2 Phenomenological construction: the constructive moment

Continuing with the methodological approach developed by Bentolila [85], the constructive moment proposes a formal analysis of the different ways of living in its historical gestation process; it is oriented towards the formal analysis of the articulation of the structural categories found in the problematic under study, making it possible to understand the original meaning of the object of study and its relationship with the problematic and thematic field. It includes the reconstructive phase and the critic (Table 6).

3.3.2.1 Reconstructive phase

In the reconstructive phase the conceptual contents forgotten by the methodological abstractions of the theory are thematized [85]; so that the conceptual elements that underlie the medical tradition regarding the problem under study are recovered to be confronted with the analytical development of the categories under study. This confrontation makes it possible to thematize the contents forgotten by the methodological abstractions of medical theory to achieve the fusion of horizons and to comply with the different stages of philosophical hermeneutics (comprehension-interpretation-application) [66]. For the development of this stage it is possible to use semantic networks, conceptual maps, and problem solving techniques.

Table 6. Structure of the constructive moment applied to the analysis of the health-disease process

Phases	Key points	Applied techniques
Reconstructive	Thematize forgotten conceptual contents Recovery of forgotten contents Fusion of horizons Hermeneutic circle (comprehension-interpretation-application)	Semantic networks Conceptual maps Problem solving situation
Critical	Correction or reformulation of the hypothesis Confrontation with other alternative hypotheses Presentation of the consequences of the application of the hypothesis Opening of new areas of hermeneutical research	Algorithms Conceptual models

3.3.2.2 Critical phase

The critical phase "integrates the results of the reconstructive phase into an original alternative proposal (hypothesis) and exposes the consequences of its application by confronting it with other alternatives of the same kind" [85].

The hypothesis developed in this phase opens the health-disease process to the understanding of the link between the categories of analysis, making it possible to expose the consequences of its application in the orientation of new areas of hermeneutical research. This integration also allows, where appropriate, to make the correction or reformulate the hypothesis. To conduct this phase algorithms or construction of conceptual models are used, as is the case of the natural and social history of the health-disease process.

4. CONCLUSION

One of the main tasks of philosophical hermeneutics is the reflection on the limits found by the scientific-technical domain of nature and society, where the advancement of medical sciences plays an important role in the life experiences of the human being.

In this line of reflection, the proposed methodological horizon to understand the health-disease process is based on the hermeneutical circle of understanding characterized by the triadic axis understand-interpret-apply; so that each element is dialectically involved in the possibility that the being-in-the-world has to understand in a different way the experience that derives from being-in the world of life and belonging to a tradition. This places the human being in the linguistic and historicity of factual life and understanding is delimited by historical-cultural coordinates of a symbolic-linguistic nature.

On the other hand, the phenomenological view has an intentional structure determined by one's own factual life, on which all manner of looking is based. A look that is expressed linguistically to the extent that Heidegger points out that language is the house of being, in language inhabits being. In the continuity of the development of hermeneutics towards the universality of comprehension, Gadamer points out punctually that the being that can be understood is language.

From these methodological indications, the horizon is integrated by a point of departure and three moments: phenomenological reduction, constructive moment and deconstructive moment. The starting point is operated by characterizing the hermeneutical situation; the phenomenological reduction, constructs a horizon of meaning from which the categorial analytic of the existence of the human being is realized; the deconstructive moment reveals the intricate conceptual map of the natural and social history of the health-disease process and brings the phenomenon of life back to its original state and, finally, the constructive moment proposes a formal analysis of the different ways of living life in its historical gestation process.

To construct a methodological horizon for the understanding of the health-disease process is to attend a dialogue with the hegemonic scientific tradition, where the original meaning of the first word is unknown to the same extent that the last word on the subject will not be heard. It is not about exploring new aspects that offer the possibility of interpreting the experience of the health-disease process in the conditions of existence of the human being dominated by the technological application of scientific knowledge. On the contrary, it seeks to promote the application of Gadamerian philosophical hermeneutics. This application is still to be analyzed from epistemological and methodological approaches, so that the holistic approach to the understanding-interpretation-application of the health-disease process is rehabilitated.

In this line of reflection, the study has delimited two problematic axes for future research. The first axis, of epistemological nature, is aimed at the analysis of the research logic that underlies the understanding of the health-disease process, which implies characterizing the subject-cognitive-object relationship, as well as the nature of medical knowledge, the analysis of the rationality that underlies health research, or the reconstruction of the natural and social history of the health-disease process as an epistemological model for medical sciences. The second axis, circumscribed to the methodological scope, is oriented towards the methodological correlation attributed to the different levels of explanation and / or understanding of reality to look at the health-disease process in its totality where biological, psychological, social, cultural and biological phenomena interact. spiritual, as has

been shown gradually through qualitative studies.

CONSENT

It is not applicable.

ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Author has declared that no competing interests exist.

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