Chapter 2
In Principio Erat Verbum:
The Origins of the Communication Models in Health

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ABSTRACT

This chapter discusses the origins of the various models used as a basis for health communication through a literature review. Models seek to represent reality and are dynamic constructs that evolve as the world's own needs and discoveries are made. Particularly in health, a territory for a long time dominated by the biomedical model and a passive view of its recipients, the models have brought a breath of fresh air to the true human dimension. Among the various models that have been defended based on a biopsychosocial perspective, the cognitive, behavioral, emotional components of the human being are reflected, as well as their context and environment in which they move, namely the social, economic, cultural, political, and other dimensions. It is also the determinants of health that influence the whole and that make the interpersonal relationship in health richer and representative of the complex human dimension seen in a holistic way.

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INTRODUCTION

Models are simplified images of parts of the real world according to Cobley and Shulz (2013). One model represents part of the characteristics of the world and moves towards becoming a theory, which is in fact a symbolic construction of concepts (Kaplan, 1964, p. 296) that present a systematic vision and explain and predict phenomena (Kerlinger & Lee, 2000).

The communication models allied to health (from biomedical to biopsychosocial) have evolved and integrated elements related to the person and his/her essence. The person and his/her essence cannot be left out of this chess of solutions.

Communication cannot be performed in a *vacuum*, and must be integrated in each context, itself affected by attitudes, social norms, behaviors, beliefs, stress, and goals to be achieved on a permanent basis. And it is in this framework that models are built.

First, communication models emerged, associated with theories related to personal interaction and media efforts, originally explained by social scientists, like Lazarfeld, with works related to the analysis of campaigns associated with the voting process in the United States of America (1944), or Lasswell (1948) through the model that proposes basic elements of communication: "who?", "says what?", "through which channel?", "to whom?", and "to what effect?" that proposes a structure and function of communication in society.

Katz (1955) contributes with the two-step flow communication theory and the studies on personal influence elaborated with Lazarsfeld (1955). Schramm's works (1954; 1955) are also important. Hall (1980), in Schramm line, structures and grounds the encoding/decoding approach and deepens cultural studies.

These models were gradually associated with models of health communication and drinking from them the complex dimension of health, whether at the individual, group or mass level.

Health communication is a complex problem of solving tasks, in a continuous process of detecting objectives and forming responses. Communication, as Dance (1970) explained, is a process through which we understand other, and we are understood. It is a dynamic, constantly changing and transformative process.

It is important, therefore, that the actors in the health process, health professionals, decision-makers, can identify the theories and models that are