Chapter 3
Communication on All Sides:
Models of Health Communication

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ABSTRACT

People seek to solve problems, either through cognitive or emotional means or both, including behavioral ones. Health professionals have a specific mission to care and heal and they do so through their skills, behaviors, knowledge, and beliefs. To fulfill this mission of promoting satisfactory results in health relationships, the therapeutic relationship can be approached in several ways and based on different models. If there are trends of great centralization of consultation in the health profession, an effort has been made for patient-centered decision. The path of this relationship in health allows for a mutually beneficial interaction with commitment and better health results. Without wishing to be exhaustive and knowing that many models are left out, the authors explore the evolution of models applied to health throughout history.

INTRODUCTION

In the consultation, the patient is in a state of tension and wants a relief response to this feeling, even if it is not directly related to the disease (Engel, 1981, p. 102).

Adults with low health literacy pose significantly less health care questions (four on average compared to six with high literacy) (Katz et al., 2007, p. 782), which can affect their ability to learn conditions and medical treatments

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(Katz et al., 2007, p. 782). Moreover, many times, the patient's expectation is that the other party, the health professional, has the professional competence and the motivation to provide this relief.

There is also tension in the therapeutic relationship, often brought by this patient-system, who brings with him, for consultation or therapeutic interaction, not only himself, but his family, the influences of his neighborhood and community, his psychosocial, family, economic status influence this relational process that converges in the consultation (Pendleton et al., 2003).

For example, managing life on a low income is very stressful, has a huge impact on the body and the regulatory system, and is associated with unhealthy behaviors (Buck, Baylis, Dougall, & Robertson, 2018, p. 21). In this context, Teixeira (2006, p. 410) reflects on the consequences of the increase of social inequalities and situations of social fragility, oppression and violence that "facilitated the appearance of victimization behaviors, which often correspond to an experience of lack personal power characterized by a reduced critical conscience, a fatalistic attitude and a posture of social conformism, which causes an inability to construct meanings and develop projects (p. 410).

On the other hand, patient brings to the therapeutic relationship needs, beliefs, and senses that he wants to be satisfied. In this sense, the entire communication process implies a good identification of relevant objectives, in which the intervention models allow to sustain the interventions and the strategic alignments of the consultation with a view to immediate and future results.

Based on the therapeutic relation and on the path traced by the biopsychosocial model (Engel, 1981), there are central tasks for the health professional. (Table 1)

Table 1. Three central tasks of the health professional

Step 1: Learning how and what the patient felt and experienced. **Step 2:** Involve the patient's participation. **Step 3:** Request the patient's cooperation for tension relief activities and correct actions because the patient's responsibilities and tasks are complementary to those of the health professional.

Source: (Based on Engel, 1981)

Patients, with some frequency, even if they are activated to make shared decisions, voluntarily delegate their health decisions to professionals, such as knowledge about subjects (Levinson, Kao & Thisted, 2005, p. 531).