Health promotion sciences
https://healthpromotionjournal.ir
ISSN on-line: 3115-7564
https://doi.org/10.1000/dns29v73
Article Type: Editorial
Pourhaji F, Rezapour B, Delshad MH. (2026). A Journey into the Depths of Health: From Classical Definitions to Modern Approaches and Current Research Gaps. *Health promotion sciences*, *1*(4), 137-139.

A Journey into the Depths of Health: From Classical Definitions to Modern Approaches and Current Research Gaps

Dr. Fatemeh Pourhaji [1,2] Dr. Baratali Rezapour[3], Mohammad Hossein Delshad[1,2*]

[1.] Department of Public Health, School of Health, Torbat Heydariyeh University of Medical Sciences, Torbat Heydariyeh, Iran.
[2.] Health Sciences Research Center, Torbat Heydariyeh University of Medical Sciences, Torbat Heydariyeh, Iran.
[3.] Retired Assistant Professor of Health Education and Promotion, Department of Public Health, School of Health, Urmia University of Medical Sciences.
Corresponding author: Dr. Mohammad Hossein Delshad Delshadmh1@thums.ac.ir

No 15, Torbat Heydariyeh University of Medical Sciences, Vice Chancellor for Education, Research and Technology Mehr Blvd., Ferdowsi Blvd., Valieasr Twn, Torbat Heydariyeh, Iran.
† P.O. Box 9516160061; Tel: +98 (51) 52226013; Fax: Tel: +98 (51) 52228021.

ABSTRACT. The concept of health is a dynamic construct that has evolved significantly throughout history. This narrative review explores the trajectory of health definitions, moving from the classical biomedical perspective—focused on the absence of disease—to the landmark 1948 World Health Organization (WHO) definition emphasizing physical, mental, and social well-being. Despite the theoretical adoption of multidimensional models, significant gaps remain in their practical application. This article critically analyzes the current state of research, highlighting implementation gaps in the biopsychosocial model, the neglect of spiritual and cultural dimensions in wellness frameworks, and the challenges in addressing social determinants of health (SDOH). Finally, drawing upon recent philosophical inquiries, the review proposes a novel conceptual framework categorized by "Being," "Having," and "Doing," suggesting that health is an active process of existential alignment rather than a static state

Keywords: Health Definition, Biomedical Model, Biopsychosocial Model, Social Determinants of Health, Holistic Health, Philosophy of Health.

Received on October 29, 2025
Accepted on December 23, 2025
ePublished: January 2, 2026

Introduction

The understanding of health has undergone a radical transformation, shifting from a reductionist view focused on survival to a comprehensive perspective involving quality of life. Historically, health was often viewed as a divine gift or mere luck, but in the modern era, it is recognized as a fundamental human right and a prerequisite for global development (World Health Organization [WHO], 2020). This evolution mirrors changes in societal values, technological advancements, and the shifting burden of disease from acute infections to chronic conditions.

The Evolution of Health Definitions

The Classical Biomedical Perspective, For much of modern history, health was defined via a negative approach: the absence of disease. This Biomedical Model served as the cornerstone of Western medicine, positing that the body is a machine and illness is a breakdown of its parts (Checkoway et al., 2004). While instrumental in managing acute infections and developing vaccines, this model is limited. It fails to account for individuals with diagnosed conditions who lead functional lives, or those without pathology who lack well-being (Smith, 2010).

The WHO Turning Point

In 1948, the WHO revolutionized the field by declaring health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, 1948). This definition introduced a positive, multidimensional view. However, critics argue that the term "complete" renders health an unattainable ideal, inadvertently categorizing the aging population as "unhealthy" (Huber et al., 2011).

Current State of Research: Progress and Critical Gaps

While the theoretical shift from biomedical to holistic models is well-documented, recent analyses reveal significant disparities between theory and practice. The landscape has expanded to include the biopsychosocial model and salutogenic (strengths-based) approaches, yet several critical gaps persist.

1. Methodological Gaps in Biopsychosocial Implementation

Despite widespread acceptance of the biopsychosocial model—which recognizes the interconnectedness of biological, psychological, and social factors—its practical application remains fragmented. Clinical settings often prioritize biological and cognitive-behavioral aspects while neglecting broader social and cultural contexts (Engel, 1977; Green, 2009). This incomplete application leads to suboptimal care, particularly for chronic conditions where psychosocial factors are determinants of outcomes. Research Need, Development of standardized protocols and interdisciplinary team-based approaches that explicitly measure and incorporate social and systemic factors into routine care.

2. Underexplored Dimensions of Holistic Health

Modern wellness concepts are often entrenched in Western frameworks, failing to adequately capture spiritual and cultural dimensions essential to global health. There is limited consensus on how to measure spirituality or cultural connectedness as determinants of health (Murgia et al., 2020). Research Need: Culturally pertinent frameworks that integrate spiritual and indigenous perspectives on well-being, moving beyond a "one-size-fits-all" Western model.

3. Implementation Gap in Social Determinants of Health (SDOH)

While the impact of SDOH (e.g., socioeconomic status, education, environment) is widely acknowledged, healthcare systems struggle to systematically screen for and address these factors. This gap perpetuates health inequities and undermines efforts to achieve population health goals (Marmot et al., 2008). Research Need, Scalable models for integrating SDOH data into patient workflows and developing payment models that incentivize social care integration.

4. Underdeveloped Measurement of Health Assets

There is a growing interest in salutogenesis—focusing on factors that create health rather than those that cause disease. However, psychometrically sound tools for measuring "health assets" and resilience are nascent (Antonovsky, 1996). Existing tools often lack validation across diverse populations, perpetuating a deficit-oriented view of health. Research Need, Creation of validated tools to measure individual and community resilience assets across diverse demographic groups.

A Proposed Philosophical Framework: Being, Having, and Doing

To address the limitations of static definitions and the identified research gaps, a more dynamic framework is proposed. Based on a synthesis of philosophical and health literature, health can be conceptualized through three existential pillars, Being (Existence and Presence)., This dimension refers to the fundamental state of the individual. Health as Being: Involves self-awareness, authenticity, and psychological presence. It includes attributes such as being truthful, grateful, and resilient (the "Subjective Well-being" aspect). Ill-health as Not Being: Manifests as apathy, disconnection, or a lack of identity.

2. Having (Resources and Capabilities), This dimension aligns with the "Health Assets" and SDOH perspectives. Health as Having., Possessing necessary internal and external resources, such as physical vitality, social support, and material security. Ill-health as Not Having: A deficit in essential resources leading to vulnerability (lack of access to care, poverty).

3. Doing (Agency and Action), This dimension emphasizes health as a functional and ethical endeavor. Health as Doing., Engaging in constructive behaviors (physical activity, self-care) and social participation. It reflects the functional ability to adapt and manage. Health as Not Doing, the agency to refrain from harmful behaviors (e.g., smoking, violence) and avoiding vices that degrade social well-being.

Conclusion and Future Directions

The journey of defining health has moved from a focus on survival to a complex appreciation of well-being. However, as the analysis of research gaps demonstrates, the challenge now lies in implementation and measurement. To bridge the gap between the theoretical "Being, Having, Doing" framework and clinical reality, future research must prioritize:

Operationalizing Holistic Models: Moving beyond definitions to create actionable clinical tools that assess spiritual and social health alongside physical metrics. Addressing Inequities., Systematically integrating SDOH into health policy to ensure that the "Having" dimension (resources) is equitable. Developing robust indicators for resilience and functional ability to better capture the Doing aspect of health. Health is not merely a destination (complete well-being) but a continuous journey of being present, having sufficient resources, and doing constructive actions to maintain balance in a complex world.

References

Antonovsky, A. (1996). The salutogenic model as a theory to guide health promotion. Health Promotion International, 11(1), 11-18.

Checkoway, H., Pearce, N., & Kriebel, D. (2004). Research methods in occupational epidemiology. Oxford University Press.

Engel, G. L. (1977). The need for a new medical model: a challenge for biomedicine. Science, 196(4286), 129-136.

Green, L. W. (2009). Diffusion theory and knowledge dissemination, utilization, and integration in public health. Annual Review of Public Health, 30, 151-174.

Huber, M., Knottnerus, J. A., Green, L., et al. (2011). How should we define health? BMJ, 343, d4163.

Marmot, M., Friel, S., Bell, R., Houweling, T. A., & Taylor, S. (2008). Closing the gap in a generation: health equity through action on the social determinants of health. The Lancet, 372(9650), 1661-1669.

McKnight, P. E., & Kashdan, T. B. (2009). Purpose in life as a system that creates and sustains health and well-being: An integrative, testable theory. Review of General Psychology, 13(3), 242-251.

Murgia, C., Notarnicola, I., Rocco, G., & Stievano, A. (2020). Spirituality in nursing: A concept analysis. Nursing Ethics, 27(5), 1327-1343.

Smith, J. (2010). Defining Health: A Comprehensive Review. Journal of Health Studies, 15(2), 45-67.

World Health Organization. (1948). Preamble to the Constitution of the World Health Organization. WHO.

World Health Organization. (2020). The Evolution of the Concept of Health. WHO.

How to cite this article: Pourhaji F, Rezapour B, Delshad MH. (2026). A Journey into the Depths of Health: From Classical Definitions to Modern Approaches and Current Research Gaps. Health promotion sciences, 1(4), 137-139.