

MODELS OF COSMOTHEANDRIC LIFE-EXPERIENCE IN THE FACE OF CORONAVIRUS PANDEMIC: Empirical Research in the European Context

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1. Introduction

It takes a life-threatening situation like the Covid-19 pandemic to make us grasp how fragile life can be. In such moments, we come to experience what it means to live; that is, we make a ‘life-experience’. Evidently, life-experience can refer to all types of experiences we go through during the course of our life. However, in the context of the present research, we define ‘life-experience’ as the intense perception of the relational nature of our life and that of others’ in the face of the life-threatening disease. That by 21st June 2020 – seven months from its detection in Wuhan – the pandemic death toll globally was close to half a million does not shock us, until it becomes a threat to our own life or to

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someone close us.⁸ It is at this juncture that we begin to think about the sick person rather than about disease in a detached manner. For we are then faced with some profound questions: What is life? What is its value and meaning? How can we protect it and make it flourish?

The interdisciplinary sciences of pastoral health care and bioethics point to the resources indispensable for the survival and flourishing of human life, whereas the philosophical-theological visions provide perspectives for comprehending the value and meaning of life. Based on selected literature,⁹ we first clarify the models and features of the cosmotheandric life-experience (section 2), which serves as the theoretical framework for the empirical research design (section 3). This is followed by the presentation of emerging results (section 4), and finally the discussion on the findings and their significance for empirical theological research and practice (section 5).

2. Models and features of the cosmotheandric life-experience

The cosmotheandric vision, as proposed by Panikkar (1993, 2010) from a religio-philosophical perspective, comprises three poles of reality bound by a constitutive correlation: God-cosmos-humanity. The tragic pandemic situation can be an opportunity to rediscover the relational character of human life with reference to the reality of God, other persons, and the surrounding nature (De-poortere, 1997). Taking the cue from Panikkar, we shall describe the interrelated nature of life in terms of theocentric, cosmocentric, and anthropocentric models of life-experience.

⁸ The principal author of the present paper, F.V. Anthony, was in isolation with fever as this research was being designed. However, the life threat of Covid-19 was not perceived by him until his colleague and next-door neighbour at the Salesian Pontifical University, Don Grzegorz Jaskot (1952-2020), succumbed to it on 5th May after a brief intensive treatment in the hospital.

⁹ With the view to elaborating a synthetic, coherent and contextual framework, we refer particularly to two fundamental publications in the Italian context with an international outlook: *Dizionario di teologia pastorale sanitaria* (1997) published by the Camillianum International Institute, now incorporated into the Pontifical Lateran University, and *Nuova enciclopedia di bioetica e sessuologia* (2018) brought out by St. Thomas Institute aggregated to the Salesian Pontifical University.

2.1. *Theocentric religious model of life-experience*

According to Panikkar (1993, 2010), from a religio-philosophical perspective the divine reality cannot be the Other in an absolute sense; in such a case the very thought of God may not be possible. At the same time, the divine reality cannot be confused with the human. God is the supreme and unequalled 'I' before whom the humans are a 'thou'. Our rapport with God is personal and non-dual. In the human beings, when compared to the other created reality, there is some kind of 'surplus', the spiritual or divine dimension that transcends them. At the same time, God is God not only of human beings but also of the universe; like humanity, the cosmos also evolves to its fullness through the 'surplus' or the divine dynamism present in it.

From a Christian perspective, the human person's dignity – created in the 'image and likeness' of God (*Gen* 1:26-28) – consists in being open to the infinite, in being 'capax dei'. Likewise, incarnation and the paschal mystery that inaugurate a transformative-redemptive process extends it beyond the human being to include the restoration of the universe. Jesus' resolve to remain crucified to the human nature until death and for all eternity marks the eternal covenant between God and humanity. It makes possible human collaboration in the continuous creative action of God, with the resurrection and ascension of Jesus enabling humanity to form an integral part of the divine mystery and experience the outpouring of the Spirit (Cinà, 1997; Melina, 2018; Rocchetta, 1997). According to Panikkar (1993), in the Eucharistic bread Christ embraces the inanimate matter of the universe as well. Analogous to incarnation, Eucharist symbolizes the immaterialization of the divine, namely, Christ uniting himself to the material reality. The 'sacredness' of life thus stems from being a 'locus theologicus', a place of encounter between God, humanity and the Creation (Ruta, 2018; see also Doehring et al. 2009).

Nevertheless, when faced with a life-threatening disease one perceives the finitude and fragility of life, which can lead one to anxiety or invocation. The risk of losing one's life can prod the person to rediscover the fount of life; it can become an opportunity to purify one's image of God. In the biblical-Christian tradition sickness may be viewed as a natural misfortune, an aspect of human condition, a punishment, or a test for personal growth. It can be a 'suffering unto God' that gives rise to lamentations, and be a participation in the sufferings of Christ, sharing his redemptive mission (Bernard, 1997; Sandrin, 1997; Vendemiati, 2018b; Vendrame, 1997; Zaccaria, 2009). As such, it becomes an obla-

tive offering, symbolizing the ‘sacrament’ of meeting with God (Coda, 1997; Licitra, 2018). Thus the religious connotation of sickness would underscore it as part of the transfiguration of life. It is under the impact of a life-threatening sickness that the self-transcendence of human persons emerges, as they incessantly seek the meaning of their life (Bof, 1997; Cinà, 1997; Pargament & Park, 1997).

In this vein, sickness impels a sense of hope. The latter stands for the openness to the future, even when the control over the future escapes the sick person, having to delegate it to others or to the transcendent. When one is unable to master, intervene and control the situation, religion offers a series of solutions. Spiritual support becomes vital when other forms of support are lacking. Even so, religious coping generally complements non-religious mechanisms of coping. Trust in God, prayer, Bible reading, meditation, and the solicitude of Christian community can serve as religious coping means. Prayer can suggest that the locus of control is in God, rather than in one’s self or others. Contrarily, it can also lead to personal de-responsibility or to having recourse to magic to manipulate in some way the divine control (Sandrin, 1997; see also Saarelainen, 2019).

2.2. *Cosmocentric spiritual model of life-experience*

From the perspective of the cosmos – in Panikkar’s religio-philosophical view (1993, 2010) – human beings are not a reality totally separate from it. Both the cosmos and the humans share each other’s life, existence, being, history and destiny. Reducing the whole reality to God and soul is the typical spiritualistic or Gnostic temptation. Such reductionist view makes no room for “a new heaven and a new earth” (Rev 21:1). The cosmos is not mere convertible matter and energy; it has life and movement. There is some kind of ‘surplus’ in it as in humanity. A cosmos without the divine impulse, without that dynamism at its heart, would not be the one that we experience; similarly, a cosmos without humanity and consciousness would not be the one we know.

In the traditional indigenous cultures, cosmic forces are honoured in several ways. For example, the Native Americans believe that all elements of the natural phenomena participate in the life of the Great Spirit: everything is perceived as animated and inhabited by spirits, capable of producing and controlling also the natural phenomena. Among the spiritual forces, Greek and the biblical tra-

ditions also speak of demons. These can have bad influence on human beings, sometimes causing physical infirmities (Engel, 2018; Fiori, 1997). Such sacral cultures regard sickness, pestilence and pandemic as caused by evil spirits or astral forces (Vendemiati, 2018b; see also Nemeroff, 1995).

Instead, from a scientific perspective, human survival is determined by the right handling of biodiversity, given that human beings form an integral part of the ecosystem. Apart from *virus* – like the coronavirus – not having cellular structure, biodiversity covers five kingdoms: *monera* (e.g., bacteria), *protista*, fungus, plants, and animals. Such biodiversity in the ecosystem serves as a natural capital, namely, it serves as the basis for the production of food, medicine, clothing, construction materials, combustible fossil, etc. Biodiversity is also closely bound to other aspects of social living, such as cultural, aesthetic, and recreational. Undoubtedly, the process of production and consumption has its impact on human life and the biosphere, raising the question of sustainable development. An anthropocentric assessment tends to consider human being as the measure and master of everything else. Instead a biocentric view, centered on the community of species and ecosystems, entails respect for the single components of biodiversity. In this vein, an appropriate rapport with nature would also necessitate openness to the transcendent, the basis of the spiritual and religious dimension of life, making possible a cosmic fraternity (Bombaci, 2018; Massini et al. 2018; Petralia, 2018; Irvine et al. 2019).

Bioethics as a systematic study of the moral action in the field of life and health has brought into focus the humanity-environment-animal rapport. In the understanding of V.R. Potter, bioethics as a science of survival of human beings in the cosmos, as a bridge to the future, should promote the quality of the ecosystems, overcoming the anthropocentrism in ethical discourse (Potter, 2018). The criterion for which animals and plants are to be considered in themselves is not rationality but life. As we have obligations to preserve our own life, we also have the duty not to damage the life of others; that is, we need to respect the intrinsic value of everything in the ecosystem and take responsibility for other living beings, namely, animals and plants. A utilitarian approach to life of animals and plants can compromise human life as well (Russo, 2018; Valdes, 2018). In the final analysis, a radical respect for sentient animals would even call for a non-destructive vegetarianism (Linzey, 2018; Linzey & Linzey, 2018). Thus, a non-anthropocentric approach would imply respecting natural realities independently of their usefulness and our understanding of them, as they can have psychic, spiritual and scientific importance, and as caring for them can have a

transformative effect on the human person. From the perspective of deep ecology, all living beings, including the human, are inter-correlated and interdependent on each other (Callicott, 2018a, 2018b; Naess, 2010, 2018).

2.3. *Anthropocentric secular model of life-experience*

According to Panikkar (1993), from a religio-philosophical perspective it is evident that human being is not just an individual; he/she is a person, a knot in the network of relationships that binds humanity, the cosmos and God. In this sense, humanity does not exist without God and the cosmos, just as the circle does not exist without the centre and the circumference. The visible circle is the matter, the energy, the cosmos; this is so because the circumference, the human beings with consciousness, delineates it; the two are what they are because there is God, the centre. The reality of God, humanity and the cosmos cannot be confused one with the other; although they can be distinguished, they cannot be separated either. Panikkar speaks of a *perichoresis*, i.e., a co-indwelling and mutual interpenetration, among the three. The three co-exist as closely inter-related realities although having different ontological priority.

Besides the bioethics founded on religious/Christian/Catholic vision of human life, there is the secular/lay grounded on 'secular humanism'. The secular bioethics being non-religious in character is founded on human person as the ultimate source of ethical norms. It then follows that individuals in exercising their freedom can make autonomous judgements and retain a pluralistic stand. For some, it is not the biological life of the human person that has ultimate value, but the quality of life (Fornero, 2018). This can be as unacceptable as the tendency to distinguish the biological aspect from that of being a person (Bizzotto, 1997; Melina, 2018). A case in point is the debate over the right to (dispose of) life as evidenced in our recent empirical research on abortion, euthanasia and death penalty (Anthony & Sterkens, 2019; Zaccaria et al. 2019).

The meaning of one's existence is central to the contemporary humanistic culture, and the question of meaningfulness in life becomes all the more crucial when individuals and the society as a whole have to face a life-threatening pandemic. The resolve to tackle pain triggers the exigency of comprehending life and its sense or non-sense (Bof, 1997; Cinà, 1997; Park, 2010). In the current biopsychosocial model, health represents an equilibrium in the individual between biological, psychological and sociological factors, and sickness, the

breakdown not just of one factor but also of the whole system. Health and sickness are two sides of the same coin. When sickness touches a person, he/she not only has sickness, but also becomes a sick person, with the whole life undergoing profound changes, experiencing a biographic interruption (Sandrin, 1997). Coping with such situations can be at different levels, cognitive, emotive, and behavioural; the essential is the sense of control that the individual perceives. In the coping process, the meaning attributed to sickness has a particular importance. It can be seen as a threat but also as a challenge, as an obstacle but also as a stimulus, as a loss but also as a gain, as a punishment but also as a value. For the family as well, sickness can be a catastrophic crisis, or one that evinces unexpected resources (Cinà, 1997; Marchesi, 1997; Park, 2010; Saarelainen, 2017; Sandrin, 1997).

A life-threatening disease exposes the human vulnerability, namely, the precarious condition of weakness, dependence, and lack of protection. Vulnerability in a way is the identity of every human being, a fragile synthesis of bodily finitude and infinite desire of the spirit. Fragility emerges particularly in the deteriorating bodily condition and death (Reich, 2018b). The vulnerability and suffering of the other becomes an empathic experience of the other. Empathy stands for the psychological process of intense participation in the emotional situation of the other; transferring oneself into the existential situation of the other; feeling personally the suffering the other undergoes (Casera, 1997). The sick person necessitates such social support of being the object of love and care, esteemed and appreciated by the members of the family, associations, and the parish/religious community (Sandrin, 1997; see also Saarelainen, 2017). The pandemic situation obliges us to take cognisance of the common human vulnerability and fragility, and pay greater attention – as is generally the experience of women – to empathic and compassionate relationship with others (Bizzotto, 1997; Gensabella Furnari, 2018; Rossi, 2018; Krause et al., 2001; Warren, 2018).

In tune with the foregoing overview of the cosmotheandric experience, Pope Francis, in his encyclical letter *Laudato si* (LS, 2015),¹⁰ describes the God-cosmos-humanity rapport as ‘interaction’, ‘interrelationship’, ‘interconnection’ and ‘interdependence’. He suggests anthropocentrism (LS n. 67-69) as the anthropological roots of ecological crisis, biocentrism (LS n. 118) as the ecologi-

¹⁰ http://www.vatican.va/content/francesco/en/encyclicals/documents/papa-francesco_20150524_enciclica-laudato-si.html

cal roots of theological crisis, and spiritualism as the theological roots of anthropological crisis. Concurrently – according to Panikkar (1993) – at the root of the emerging ecological sensibility, one can perceive a mystical yearning; at the depth of the self-understanding of humanity, a yearning for the infinite, the non-comprehensible; and at the heart of the divine, a yearning for time, space and humanity. It appears that at the dawn of the third millennium, humanity is awakening to the cosmotheandric consciousness. Our empirical research is an attempt to verify if such an experience is perceivable in the face of the life-threatening pandemic.

3. Research design

For practical theology, particularly in the case of pastoral health care, having access to the experience of persons through empirical methodology has become a basic scientific requisite (Van der Ven, 1993). Likewise, there is a growing interest in bioethics to take seriously the ethical/moral experience of people in dealing with the everyday circumstances of their life (Reich, 2018a; Vendemiati, 2018a). Taking stock of these developments, we opt for an interdisciplinary and empirical method. As part of the research design, we first draw up the conceptual framework and specify the research questions. Subsequently, we describe the sample and the data collection procedure, and offer a sketch of the measuring instrument.

3.1. Conceptual framework and research questions

Life-experience or lived experience in the face of the pandemic can signify danger-threat, impediment-obstacle, and loss-death leading to emotional responses of anxiety-fear, frustration-anger, and sadness-depression respectively. Instead of resorting to defence mechanisms, a person can consciously decide to cope with the life-threatening disease by drawing on personal and social, religious and spiritual resources (Sandrin, 2018a). Taking inspiration from the current development in sociology of health, namely, of correlational or connective paradigm (Giarelli, 2018), we can represent the cosmotheandric experience – as we elaborated in the theoretical phase – in terms of interrelated systemic models: theocentric religious, cosmocentric spiritual, and anthropocentric secular.

We shall take up the more specific features of the three models indicated in figure 1 while dealing with the measuring instrument below.

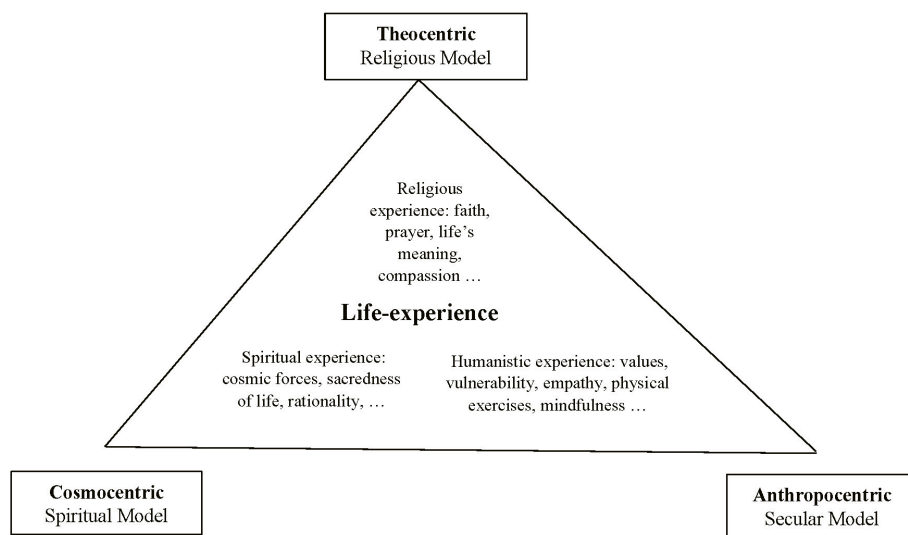


Figure 1 – *Conceptual framework of models of Cosmotheandric life-experience*

Our overall aim is to explore the models of cosmotheandric experience that emerges in the face of the life-threatening pandemic. In specific terms, we address the following research questions:

1. What models of cosmotheandric life-experience emerge among our respondents?
2. What correlations exist between the features of the cosmotheandric models of life-experience?
3. What tendencies do we find among our respondents with regard to the features of the cosmotheandric models of life-experience?

Pandemic being a global threat to life, our expectation is that respondents' experience would configure as interrelated theocentric, cosmocentric, and anthropocentric models, combining and laying emphasis on some features to a greater or lesser degree.

3.2. *Sample and data collection*

The international research project with reference to Covid-19 pandemic included respondents from Italy, Spain, Finland and Poland, reacting to the questionnaire in the four national languages besides English. The online questionnaires were open for three weeks (from 13 April to 4 May 2020) at the height of the pandemic in Europe: the curve of daily new cases in Europe grew from 100 on 1st March reaching the peak on 12th April with 52,732 new cases in a day, and then gradually lowering to half on 4th May with 21,623 new cases. Starting with the group of students and colleagues linked to educational institutions, the link was made available also to their own contacts, ensuring that only those above 18 years were to respond to the questionnaire. Therefore, our sample may be considered a casual one, and not a representative one. With the snowball method of data collection, 136 English, 187 Italian, 216 Polish, 249 Spanish, and 390 Finnish questionnaires were filled-in. After removing the incomplete responses, the final size of the sample comprised 1162 respondents.

The questionnaire included background variables such as age, sex, religious identity, frequency of religious practice, level of education, and country of residence. As for the age groups, respondents between 18-20 years were 11%; 21-30 years 20%; 31-45 years 23%; 46-65 years 34%; and 65 or more years 9%. That is, the great majority comprised young adults (18-30 years) 31% and adults (31-65 years) 57%. A small group of respondents (2%) did not indicate their age. About one-fourth (28%) of the respondents were male and the remaining almost three-fourths (70%) female, whereas cohort “other/no answer” was composed of 2% of the respondents.

The religious identity variable was re-coded into three cohorts: self-declared religious (including all different religious options), ‘non-religious’ (including the empty answers) and ‘spiritual but not religious’. The final distribution was approximately the following: 78% self-declared religious, 15% ‘non-religious’ and 7% ‘spiritual but not religious’. This is further confirmed by their religious practice: about 40% engage in it very often, 41% few times, and 19% never.

As for the educational level, the respondents were divided into two cohorts: up to High School (approximately 24%) and University or Higher Technical level (75%). A small group (1%) did not respond to the question. Overall, our sample is characterized by adults, women, relatively educated, self-declared religious, engaged in religious practice often or sometimes.

3.3. *Measuring instrument*

With reference to the three interrelated models of cosmotheandric experience, namely, theocentric religious, cosmocentric spiritual, and anthropocentric secular models, a questionnaire was elaborated with 67 items representing the various features of the three models. These features were operationalized in terms of cognitive, affective and behavioural tendencies. The respondents were to indicate their agreement or disagreement on a five-point Likert scale: (1) Strongly Disagree, (2) Disagree, (3) Undecided/Neutral, (4) Agree, and (5) Strongly Agree.

With the view to operationalize the features of the three models of cosmotheandric experience, an *ad hoc* questionnaire was constructed making recourse also to some measures already in existence: Survey on Religious Coping;¹¹ Sources of Meaning and Meaning in Life (SoMe);¹² Compassion and Theodicy question,¹³ and Religion's universal grammar,¹⁴ the latter developed by members of the team.

We shall briefly describe the features taken into account in the three models. The theocentric religious model included items closely associated with religious experience: religious belief, God's providence and sustenance, immortality and sense of hope, response of faith, call to conversion, prayer life, initiatives of religious community, religious coping, life's meaning in religion and in caring for others, etc. The cosmocentric spiritual model of life-experience was represented by items referring to the presence of mysterious forces, sacred aspects of life, life's meaning based on knowledge, scientific approach, work, hope, etc. The anthropocentric secular model of life-experience encompassed items on life's meaning, empathy and care for others' suffering, and sharing anxiety, fragility and vulnerability; hope, values, ideals and achievements; physical exercises, meditation and yoga, etc. Evidently, our instrument does represent all the aspects forming the theoretical framework, but being an explorative re-

¹¹ W. Andrew Robinson and Melanie Mills with the Department of Communication Studies at Eastern Illinois University: <https://www.eiu.edu/cats/robinsonMillsSurvey/survey.php> (Items 65, 66, 67 & 68 in Table 1).

¹² Tatjana Schnell (University of Innsbruck) https://www.researchgate.net/publication/301231622_Sources_of_Meaning_and_Meaning_in_Life_Questionnaire_SoMe_English_version (Items 46, 47, 48, 50, 51, 52, 53, 54, 59, 61 & 64 in Tables 1, 2 & 3).

¹³ Items 42, 43, 44 & 45 in Table 1.

¹⁴ Items 1, 2, 3, 5, 6, 8, 9, 10 & 12 in Tables 1, 2 & 3.

search, it was limited to the essential features. It is our hope that the empirical verification contribute to reliable scales that can be further refined and enlarged to cover the whole range of cosmotheandric experience.

4. Results

Given the complex nature of the cosmotheandric experience and its features, we did three stages of factor analysis (PAF) using the criteria eigenvalue >1 ; communality $>.20$; factor loadings $>.30$, and if items load high on two factors, the difference in factor loading to be $>.15$. This led to ten factors. Successively, correlation analysis (Pearson's r) was employed to explore the association between these factors. To gauge the tendency of the respondents concerning various factors, descriptive analysis was undertaken. Taking up the three research questions in order we shall first present the emerging models of cosmotheandric experience, the rapport between the features of these models, and the agreement tendency of the respondents with regard to these.

Research question 1: What models of cosmotheandric life-experience emerge among our respondents?

As we mentioned above the complex nature of cosmotheandric experience necessitated three-stage factor analyses giving rise to three sets of factors (F1-F5, F6-F8, F9-F10) – comprising 53 out of the 67 items in the questionnaire – representing the three models.

Theocentric religious model of life-experience

The first stage of factor analysis (PAF) led to a set of five factors – comprising 34 out of 67 items – explaining a total variance of 51.39%. As for the reliability of the factors (table 1), the Cronbach's Alpha for the first factor "Religious experience" ($\alpha .967$) is very high; in the case of the other factors, it is rather high or moderate: "Experience of meaningfulness" ($\alpha .764$), "Empathic experience" ($\alpha .698$), "Psychosomatic health experience" ($\alpha .522$), and "Experience of abandonment" ($\alpha .613$). Based on our theoretical framework we have named this set of factors "Theocentric religious model of life-experience".

In the face of the life-threatening pandemic, religious experience (F1), with

18 items emerges as a key feature of the theocentric religious model. It includes items that underscore the importance of religion with faith, belief, hope and trust (items 47, 37, 12, 35, 30 & 5) in God's love, grace, providence and might (items 65, 31 & 66). This is experienced particularly in praying for others and for oneself (items 39 & 38) and in being aware of others' prayers for oneself, of the increase in one's own prayer life, and the creative connectivity of the religious community (items 40, 34 & 41). The pandemic seems to signal the importance of spiritual life, particularly of the spiritual/religious conversion (items 26 & 10). The life-threatening situation also makes one perceive one's immortality, and grasp oneself as part of a larger reality (items 9 & 52). Overall, the religious experience that emerges among our respondents can be described as one of belief and trust in God expressed in the practice of prayer, while being conscious of one's own spiritual rapport with others. It means that our respondents bring a comprehensive understanding of religious experience to cope with the pandemic.

The positive religious experience (F1) has its contrasting feature in that of abandonment (F5). The pandemic could provoke a sense of being abandoned or punished by God (items 67, 68 & 36). Yet, the factor tendency (table 5) shows that our respondents strongly disagree to an experience of being abandoned by God.

The pandemic with its threat to life brings into question the meaning of life (items 51 & 53), the fulfilment in life, and the peace of mind (items 46 & 20). Thus, the experience of meaningfulness (F2) emerges as a distinct feature of theocentric religious model.

In this vein, the psychosomatic health feature (F4), on the one hand, encourages greater attention paid to physical health and physical exercises to keep the balance of mind and body (items 48 & 22), and on the other, entails the psychological effect of personal transformation and sharing one's anxiety with others (items 17 & 19).

Likewise, the theocentric religious model includes the feature of empathy (F3). The pandemic can arouse the individual to feel one with the suffering, difficulties and needs of others, and be a caring person (items 44, 45, 43 & 64). The emerging five factors, thus, provide a comprehensive view of the theocentric religious model of life-experience. The focus on the divine and on the meaning of one's life is complemented by psychosomatic aspects of life and by empathy for the suffering of others.

Table 1 – First stage of factor analysis: Theocentric religious model of life-experience

	F1	F2	F3	F4	F5
65. I generally seek God's love and care	.901	.131	.063	-.040	.085
47. Religion plays an important role in my life	.899	.159	.017	-.093	.080
31. Our lives are in God's hands, & I trust his providence, ... knows what is better for us	.898	.127	.053	-.057	.039
66. I try to see how God might be trying to strengthen me in this situation	.897	.092	.088	.044	.093
37. Faith provides me ... meaning and tranquillity while being afraid of pandemic	.890	.095	.079	.061	-.015
39. I have been praying for others to keep safe during the pandemic	.869	.050	.109	.002	.021
12. I am a religious believer	.862	.120	.075	-.127	.112
38. Praying for myself brings me comfort during the pandemic	.813	.052	.067	.206	.011
40. I know ... others have been praying for me during the pandemic and it feels comforting	.772	.090	.143	.042	.029
30. I live all this crisis with hope since divine grace is perceived more in times of suffering	.776	.066	.086	.057	.030
34. I have been praying more in these last weeks, after the pandemic outbreak	.753	.022	.124	.197	.010
41. ... community finds new ways to contact the members and I enjoy this connection	.707	.139	.083	-.049	.031
26. I feel this pandemic as a time of trial which invites me to spiritual/religious conversion	.705	-.071	.070	.162	-.010
09. There is something in us that is immortal	.689	.119	.068	.013	-.043
10. To be happy it is important to cultivate a spiritual life	.682	.108	.129	.027	-.011
35. Religious faith plays only a minor role in this war against COVID-19	-.625	.004	-.044	.021	.043
52. I feel I belong to something bigger than myself	.593	.187	.033	.035	-.094
05. Life would not make sense without strong hope	.513	.117	.197	.129	-.003
51. My life seems meaningless	-.164	-.726	-.018	-.119	.146
53. When I think about the meaning of my life, I find only emptiness	-.224	-.691	-.054	-.100	.194
46. I lead a fulfilled life	.145	.586	.182	.125	-.106
20. I have been able to maintain my peace of mind	.158	.468	.092	-.038	-.198
44. I feel very affected by family and friends who have a need	.065	.073	.637	.074	.076
45. I like to be close to others in times of difficulty	.107	.021	.560	.181	.002

	F1	F2	F3	F4	F5
43. I prefer to suffer before seeing another person dear to me suffer	.087	-.053	.550	-.091	.016
42. One of the things that makes the most sense in my life is helping other people	.246	.149	.478	.115	.039
64. I am a caring person	.016	.165	.447	.179	.044
48. I pay great attention to my health	-.044	.271	.063	.543	.090
22. I do physical exercises ... to keep my mind and body balance during the pandemic	-.039	.167	.013	.509	-.061
17. This pandemic has changed me as a person	.162	-.172	.152	.437	.064
19. Sharing my thoughts with others provides alleviation to my anxiety	.087	-.003	.230	.402	-.070
67. I wonder whether God has abandoned me	.155	-.186	.026	.023	.768
68. I wonder if I have done something that calls for God's punishment	.199	-.205	.058	-.090	.514
36. The suffering that ... people feel these days, lets me think that God has abandoned us	-.156	-.170	.089	.047	.406
Cronbach's Alpha	.967	.764	.698	.522	.613
Number of valid cases	1074	1137	1135	1141	1127

Eigenvalue > 1; Varimax rotation with Kaiser Normalization; extraction: Principal Axis Factoring; Total explained variance 51.39%; N = 1162

F1 = Religious experience; F2 = Experience of meaningfulness; F3 = Empathic experience; F4 = Psychosomatic health experience; F5 = Experience of abandonment

Cosmocentric spiritual model of life-experience

The second stage of factor analysis (PAF) led to a set of three factors (table 2) – comprising 12 out of the 33 items left out in the first stage – explaining a total variance of 26.31%. As for the reliability of factors, the Cronbach's Alpha for the first factor "Spiritual experience" (α .744) is high, while for the others it is rather modest: "Rational experience" (α .548) and "Experience of vulnerability" (α .562). Based on the theoretical framework this set of factors have been named "Cosmocentric spiritual model of life-experience".

The key feature of this model, namely, spiritual experience (F6) includes six items representing the effect of unknown, mysterious cosmic forces (items 3, 8 & 1), the value of hope in the face of the pandemic, and having an inkling into

one's immortality (items 54, 18 & 21).¹⁵ Spiritual experience here is particularly linked to the influence of mysterious cosmic forces and an experience of hope and personal immortality as a spiritual being.

Another feature of this model is the rational experience (F7) in the face of the pandemic. This factor includes four items and focuses on the value of information and knowledge (items 58 & 61) on the one hand, and on the other, the meaning of life as based on work and sustainability that does not ignore the future generations (items 14 & 59).¹⁶

Lastly, the cosmocentric spiritual model embraces the experience of vulnerability (F8), evincing human fragility and ambiguity (items 28 & 29) in the face of the life-threatening pandemic. Thus, the model brings together spiritual experience with reference to cosmic forces and personal immortality, importance of human reason on the one side and the reality of human fragility on the other.

Table 2 – *Second stage of factor analysis: Cosmocentric spiritual model of life-experience*

	F6	F7	F8
03. There are other dimensions or unknown forces that also influence our reality	.755	-.005	.080
08. There is a mysterious force in the cosmos that guides us towards good	.660	.052	.150
01. Sometimes I feel the presence of a mysterious force in me or in others	.640	.015	.024
54. There is a reason for everything happening the way it does	.410	-.106	.110
18. I have been able to grasp the value of hope during the pandemic	.347	.234	.249
21. I have become more aware of the possibility of personal immortality because of the pandemic	.342	.124	.219
58. I try to get informed about the current problems affecting the society	.024	.698	.045
61. I have a great thirst for knowledge	-.076	.451	.097
59. You should leave something behind for future generations	.044	.434	.190
14. I discover my work as a source of meaning in my daily life	.214	.315	.226

¹⁵ According to the criteria of minimum of .15 difference between loadings on factors, item 18 should have been dropped. We have kept it insofar as 'hope' is a vital aspect of spirituality.

¹⁶ Based on the criteria of minimum of .15 difference between loadings on factors, item 14 should have been dropped. We have kept it insofar as it touches 'work' as a source of meaning, while the pandemic undermines this dimension of life.

	F6	F7	F8
28. COVID-19 is showing human fragility and that we all need help	.148	.180	.657
29. These are special times in which the best and sometimes the worst of everybody is revealed	.091	.117	.525
Cronbach's Alpha	.744	.548	.562
Number of valid cases	1099	1129	1150

Eigenvalue > 1; Varimax rotation with Kaiser Normalization; extraction: Principal Axis Factoring; Total explained variance 26.31%; N = 1162

F6 = Spiritual experience; F7 = Rational experience; F8 = Experience of vulnerability.

Anthropocentric secular model of life-experience

As shown in table 3, the third stage of factor analysis (PAF), containing 7 of the 21 items left out of the second stage, led to a set of two factors explaining a total variance of 27.68%. As for the reliability of factors, we find that the Cronbach's Alpha for the two factors is rather modest: "Humanistic experience" (α .567) and "Experience of mindfulness" (α .617). Based on our theoretical framework, this set of factors have been named "Anthropocentric secular model of life-experience".

The five items that focus on humanistic experience (F9) represent the absence of religious or spiritual meaning behind the pandemic, human achievement as the basis of hope, acknowledging the existence of absolute values, ideals and sacredness (items 27, 6, 2 & 50), the basis for the love and care of the family (item 13).¹⁷

Finally, the experience of mindfulness (F10) closely bound to the practice of meditation and yoga (items 15 & 16) add body-mind feature to the anthropocentric secular model. The key features of humanistic experience of absolute values, ideals, hope and sacredness, together with the body-mind feature of mindfulness, offer a rather comprehensive understanding of this model. We shall take up the findings concerning the features of the three models for further discussion in the last section.

¹⁷ According to the criteria of minimum of .15 difference between loadings on factors, item13 should have been dropped. We have kept it insofar as 'love and care' reflects the humanness central to the factor.

Table 3 – *Third stage of factor analysis: Anthropocentric secular model of life-experience*

	F9	F10
27. I do not find any religious or spiritual sense in COVID-19 plague; it just happens	-.539	-.052
02. There are some values and ideals that I consider absolute	.495	-.058
50. There are certain things in life I consider sacred	.488	.032
06. Our hope depends only on human achievements	-.451	-.005
13. I feel new enthusiasm to love and care for the family	.357	.238
15. I meditate to keep my mind still (during the pandemic)	.204	.741
16. Yoga provides me with a route to channel my difficult thoughts related to pandemic	-.136	.658
Cronbach's Alpha	.567	.617
Number of valid cases	1130	1123

Eigenvalue > 1; Varimax rotation with Kaiser Normalization; extraction: Principal Axis Factoring;

Total explained variance 27.68%; N = 1162

F9 = Humanistic experience; F10 = Experience of mindfulness.

Research question 2: What correlations exist between the features of the cosmotheandric models of life-experience?

Correlation analysis (table 4) among the features of the three models, namely, theocentric religious (F1-F5), cosmocentric spiritual (F6-F8) and anthropocentric secular (F9-F10), bring to light numerous interconnections among them. We shall comment only on the strong and moderate correlations. The first trait to be noted is that there are strong associations among the key features of the three models: religious experience (F1) is strongly related to spiritual experience (F6: $r = .647$) and humanistic experience (F9: $r = .683$). This is a significant finding with regard to cosmotheandric experience. It means that although religious experience focused on theistic reality can be distinguished from both spiritual experience focused on cosmic forces and humanistic experience, in the life-experience of people they are found to be strongly associated, suggesting the holistic nature of such experience. Moreover, religious experience (F1) is moderately correlated with experience of meaningfulness (F2: $r = .296$) and

empathic experience (F3: r .284). It suggests that religious experience is also associated with meaningfulness in life and with empathy for others' suffering.

When we consider the second factor, i.e., the experience of meaningfulness (F2), we find that it is moderately associated with religious experience (F1: r .296), experience of not being abandoned by God (F5: r -.291) and humanistic experience (F9: r .277). It means that in the case of our respondents, meaningfulness in life is closely associated with religious experience (including that of not being abandoned by God) and experience of human values and ideals of life.

The feature of empathic experience (F3) is moderately related to religious experience (F1: r .284), to rational experience (F7: r .286) and to humanistic experience (F9: r .255). It means that empathy has some association with religious experience and rational humanistic experience.

The psychosomatic health experience (F4) of caring for one's physical health and sharing others' anxiety is moderately associated with experience of vulnerability (F8: r .268) and of mindfulness (F10: r .282). The link between the mind and body features seem quite natural.

As we have seen before, the experience of being abandoned by God (F5) is inversely related to experience of meaningfulness (F2: r -.291). It means that not being abandoned by God has some importance for finding meaning in life. Overall, we find that features of theocentric religious model have interconnections not only with the other inner features of the model, but equally with some features of the other two models.

In its turn, the key feature of the cosmocentric spiritual model, namely, spiritual experience (F6) has strong association with religious experience (F1: r .647) and with humanistic experience (F9: r .551). Furthermore, spiritual experience correlates moderately with experience of vulnerability (F8: r .261). It implies that spiritual experience is closely interrelated to religious and humanistic experience, including the experience of fragility and ambiguity of human life.

The feature of rational experience (F7) has moderate association with empathic experience (F3: r .286). It suggests that understanding the situation of others favours empathizing with them.

The feature of vulnerability (F8) correlates moderately with psychosomatic health experience (F4: r .268) and spiritual experience (F6: r .261). For the respondents, therefore, human vulnerability has some link with the physical and mental condition of persons and with mysterious cosmic forces. Overall, we find that features of cosmocentric spiritual model manifest some inner interconnections, but also with features of other models, particularly of theocentric religious model.

In the case of the anthropocentric secular model, the key feature of humanistic experience (F9) obviously has strong association with religious experience (F1: r .683) and spiritual experience (F6: r .551). Interestingly, we find that humanistic experience correlates moderately with the experience of meaningfulness (F2: r .277) and with empathic experience (F3: r .255). Besides the references to religious and spiritual experiences, finding meaning in one's life and having empathy for others form significant aspects of humanistic experience. For our respondents, secular humanistic perspective is not totally disconnected from religious and spiritual experiences.

Lastly, we find that the experience of mindfulness transpiring in meditation and yoga (F10) is moderately associated with the psychosomatic health experience of caring for one's physical health and sharing others' anxiety (F4: r .282). We shall take up the significant findings concerning the associations between the three models of cosmotheandric life-experience for further discussion in the last section.

Table 4 – *Correlation (Pearson's r) between the features of cosmotheandric models*

	F1	F2	F3	F4	F5	F6	F7	F8	F9	F10
F1. Religious experience	1	.296**	.284**	.116**	.083*	.647**	.089*	.234**	.683**	.167**
F2. Experience of meaningfulness	.296**	1	.174**	.127**	-.291**	.232**	.219**	.117**	.277**	.062
F3. Empathic experience	.284**	.174**	1	.224**	.062	.215**	.286**	.164**	.255**	.145**
F4. Psychosomatic health exper.	.116**	.127**	.224**	1	-	.245**	.238**	.268**	.136**	.282**
F5. Experience of abandonment	.083*	-.291**	.062	-	1	.063	-	-	-	-
F6. Spiritual experience	.647**	.232**	.215**	.245**	.063	1	.128**	.261**	.551**	.241**
F7. Rational experience	.089*	.219**	.286**	.238**	-	.128**	1	.244**	.094**	.220**
F8. Experience of vulnerability	.234**	.117**	.164**	.268**	-	.261**	.244**	1	.243**	.173**
F9. Humanistic experience	.683**	.277**	.255**	.136**	-	.551**	.094**	.243**	1	.122**
F10. Experience of mindfulness	.167**	.062	.145**	.282**	-	.241**	.220**	.173**	.122**	1

Legend: significance ** $p < .001$; * $p < .01$. We interpret correlations (r) $< .25$ = weak; $\geq .25$ $< .50$ = moderate; $\geq .50$ strong

Research question 3: What tendencies do we find among our respondents with regard to the features of the cosmotheandric models of life-experience?

Descriptive analysis (mean & SD), as given in table 5, shows the strength of the agreement tendencies with regard to the features of cosmotheandric experience among the respondents. In the first place, concerning the key features of the three models, the respondents manifest only initial signs of agreement with religious experience (F1: mean 3.44) and are rather uncertain about spiritual experience (F6: mean 3.37); instead they clearly agree to having had humanistic experience (F9: mean 3.83). The life-threatening pandemic seems to have provoked more humanistic experience than religious or spiritual experience.

Among the features of the theocentric religious model, although they only manifest initial signs of agreement to having religious experience (F1: mean 3.44), the respondents strongly disagree to feeling divine abandonment (F5: mean 1.47). They express strong agreement concerning experience of meaningfulness (F2: mean 4.24) and empathic experience (F3: mean 4.20), and clear agreement to having had psychosomatic health experience (F4: mean 3.58). Overall, in the face of the life-threatening pandemic, respondents agree to having experienced the features of the theocentric religious model. In other words, they have had access to the religious aspects of not being abandoned by God, the meaningfulness in life, empathy for others' situation and their psychosomatic health interests.

When it comes to the cosmocentric spiritual model, the respondents are rather uncertain about spiritual experience (F6: mean 3.37), instead they strongly agree to rational experience (F7: mean 4.26) and experience of vulnerability (F8: mean 4.45) in the face of the pandemic. Among all the features of the cosmotheandric experience, the strongest agreement concerns experience of vulnerability.

In the case of anthropocentric secular model, the respondents manifest agreement with regard to humanistic experience (F9: mean 3.83) and disagreement with regard to practice of mindfulness with meditation and yoga (F10: mean 2.35). It appears that our respondents are not familiar with the oriental practices of meditation and yoga for developing mindfulness.

On the basis of the features in which respondents manifest strong agreement, their cosmotheandric life-experience in the face of the pandemic is found to be particularly qualified by the experience of vulnerability, rationality, meaningfulness, empathy and non-abandonment. We shall take up some of these findings for further discussion in the following section.

Table 5 – *Tendencies of respondents (mean & SD) in the features of cosmotheandric models*

	N	Mini- mum	Maxi- mum	Mean	SD
F1. Religious experience	1161	1.00	5.00	3.44	1.24
F2. Experience of meaningfulness	1159	1.00	5.00	4.24	.85
F3. Empathic experience	1156	1.00	5.00	4.20	.68
F4. Psychosomatic health experience	1159	1.00	5.00	3.58	.79
F5. Experience of abandonment	1150	1.00	5.00	1.47	.75
F6. Spiritual experience	1161	1.00	5.00	3.37	.94
F7. Rational experience	1159	1.00	5.00	4.26	.68
F8. Experience of vulnerability	1159	1.00	5.00	4.45	.77
F9. Humanistic experience	1161	2.00	5.00	3.83	.78
F10. Experience of mindfulness	1153	1.00	5.00	2.35	1.20

Legend: 1.00-1.80 = Strongly disagree; 1.81-2.60 = disagree; 2.61-3.40 = uncertain; 3.41-4.20 = Agree; 4.21-5.00 = Strongly agree.

5. Discussion

In this final section, we shall sum up the emerging findings with regard to the models of cosmotheandric life-experience and their significance for further research in empirical theology and for pastoral health care and religious education.

5.1. Significance for empirical-theological research

It is noteworthy that three interrelated models emerging from our empirical analysis, namely, theocentric religious model, cosmocentric spiritual model, and anthropocentric secular model, confirm our theoretical hypothesis of cosmotheandric life-experience. It confirms God-cosmos-humanity as the three poles of life-experience, and the mutually associated religious experience, spiritual experience and humanistic experience as basic features respectively of these poles. Moreover, the correlational analysis brings to light that these three are not alternative models but fundamentally intersecting models with specific features.

The priority given in the perception of our respondents to the first set of factors (F1-F5) that form the theocentric religious model can be explained by the fact that almost four-fifths (78%) of our respondents declare their identity to be religious, with over four-fifths (81%) of them engaging in religious practice very often or few times. Their life-experience seems to be under the lens of religious vision.

The religious experience factor (F1, 18 items; F5, 3 items) evinces a comprehensive understanding among our respondents: belief and trust in God's love, grace, strengthening presence and providence, experienced in prayer, while being conscious of one's own spiritual rapport with others. Moreover, their strongest disagreement is with regard to being abandoned by God. In other words, they perceive strongly the caring presence of God.

Even if experience of meaningfulness, empathic experience and psychosomatic health experiences could be part of the anthropocentric secular model, in the mind of our respondents they find a theocentric orientation, insofar as life's meaning, empathic/compassionate feelings, and psychosomatic health features can have a religious basis as indicated in the theoretical elaboration. The strong agreement tendencies of the respondents suggest that meaning of life and empathy in their case has religious significance. In effect, the followers of Christ are invited to imitate the empathy of the incarnate one (Casera, 1997).

The cosmocentric life-experience is focused on spiritual experience (F6-F8). Our respondents manifest only uncertain tendency with regard to spiritual experience. Obviously, in the European religio-cultural context there is less belief and hope related to cosmic forces. The other two factors of rational experience and experience of vulnerability, concerning which the respondents manifest the strongest agreement tendencies, suggest that rational-scientific approach to cosmic reality makes one also perceive the vulnerability of human life amidst ecosystems and biodiversity. Probably, a better representation of the interdependence of the ecosystems and biodiversity in the questionnaire would have provided a richer configuration to the cosmocentric spiritual life-experience. Addressing these features remains a task for further research in this realm.

The anthropocentric secular model of life-experience (F9 & F10) emerges only with two factors. Although the respondents manifest clear perception of the humanistic values, they only manifest agreement tendency. Concerning the other factor of experience of mindfulness, they tend to disagree. As we mentioned, probably in most part of Europe, the practice of yoga, Zen meditation and the like are not common. Our respondents' perception and agreement ten-

dencies seem to be more oriented towards the theocentric religious and cosmocentric spiritual models. Life's meaning, vulnerability, empathy, and psychosomatic aspects related health, which could have been part of the anthropocentric life-experience, have been integrated in the other two models. Evidently, the understanding of anthropocentric life-experience needs to be further augmented with better representation of the diverse dimensions of sickness, health care and coping dynamics.

Although the perception of life-experience in the face of the pandemic is skewed to theocentrism, it is significant that the other two poles are not absent. In other words, life-experience is something that occurs in the context of the three poles. Perception of one pole may dominate in comparison to the other two, as in case of the present one focused on theocentric religious experience. However, in multi-religious contexts or among more secularized respondents, we might expect the cosmocentric or anthropocentric perspective to dominate. The relevance of our scales resides not only in its capacity to represent the life-experience linked to the three poles, but also in its inner flexibility in integrating the various features with one pole or the other. Nonetheless, our scales need to be tested empirically in other cultural and religious contexts and refined, enlarged and consolidated. Our explorative study in fact offers an excellent basis for further development reflecting the intersections between bioethics, psychology, sociology, philosophy, theology and pastoral health care. The publications in progress by colleagues involved in the present research "Finding meaning during COVID-19" provide insights in this direction (Seryczyńska et al., 2021).

5.2. Significance for pastoral health care and religious education

In the pastoral care of the sick, the first task – besides the medical treatment – is to discern the polarization in the life-experience of the sick person and of those who provide care. It is quite possible that the sick person has a theocentric religious perspective, the family members and friends who assist the sick may hold a cosmocentric spiritual perspective, and the medical personnel a more anthropocentric secular one. The three models diverging in many features, but overlapping in some may create a healthy tension for making an integral cosmotheandric life-experience as they interact and contribute to the wellbeing of the sick. It could also happen that the emphasis laid on one or the other of the cosmotheandric poles may cause further tension for the sick and for

the health care givers. The crucial task of pastoral health care personnel, then, is to perceive the polarizations of persons who interact with the sick, encourage them to appreciate the relevant aspects of the other perspectives, and thus make possible a more integral cosmotheandric life-experience for the sick and for themselves. For, each pole presents a set of resources (vision and values) that may be relocated in diverging configuration of these models depending on the basic orientations of the individuals, namely, religious, spiritual or humanistic.

By the same token, religious education cannot exclusively focus on the reality of God, ignoring the other two poles of humanity and the cosmos. The depth of religious knowledge and experience has to be regarded in a holistic manner with reference to the reality of humanity extending in space synchronically and in time diachronically, and to the reality of the cosmos in all its unknown richness and infinity. Religious education then needs to be interdisciplinary taking into account the historical development of peoples, their cultures and their religious traditions on the one hand, and on the other, scientific knowledge emerging with regard to human beings and their environment. Isolating the religious tradition would only imprison it in its past making it irrelevant to the present and to the future. It can remain a living tradition only in critical interaction with the cultural and scientific developments, and in shedding light on the socio-political and ecological challenges. Religious education, therefore, has to approach life-experience as a 'locus theologicus' for favouring an authentic God-cosmos-human encounter.

In conclusion, Panikkar's cosmotheandric vision has offered a theoretical framework to test the type of life-experience people make in the face of the pandemic. The empirical research has brought to light the three interrelated models: theocentric religious, cosmocentric spiritual and anthropocentric secular. The findings suggest that the cosmotheandric life-experience is a perceivable reality – as Panikkar augured – that can be made to flourish through further research and the education process. Evidently, it has a specific relevance for pastoral health care in the face of a life-threatening disease.

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