

**Akademia Wychowania Fizycznego i Sportu
im. Jędrzeja Śniadeckiego w Gdańsku**



Sebastian Müller-Haugk

**The relationship of movement-oriented
pre-experiences and health aspects during the
COVID-19 pandemic**

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In Fulfillment of the Requirements for the Degree of

Philosophical Doctorate (PhD)

Supervisor:

Prof. Dr. rer. nat. habil. Marcus Stueck

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**Związek między doświadczeniami wstępnymi
zorientowanymi na ruch a aspektami zdrowia w
czasie pandemii COVID-19**

Dysertacja

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– Dedicated to my grandparents.

Summary

Theoretical background: Within a very short period of time, the COVID-19 pandemic triggered a multitude of political and social changes and, for a certain time, significantly altered the hitherto familiar fabric of life. Not only the primary consequences of the pandemic in the form of the multiple forms of disease caused by the COVID-19 virus have shown their influence on the health situation of mankind, but also the changes on a political, social and individual level. In the course of this, a holistic view of health, in the form of the interconnectedness of physical, mental, social and spiritual factors at the various system levels (individual, micro, meso, macro)¹, takes on special significance. This complex network of relationships is empirically examined in this paper based on the RBHT shortly after the outbreak of the COVID-19 pandemic. This COVID-19 pandemic resulted in a unique situation (off-nominal situation²), in which the short-term triggered fundamental changes in people's lifestyles, as well as the uncertainty about the further course of the disease and the resulting political and social changes, brought people to the limits of their previous coping mechanisms.

Research Questions: Considering the principles of relative biocentric health theory, this paper examines the influence of self-regulatory pre-experience on selected health variables. The aim is to investigate whether the different forms of self-regulatory pre-experience have different effects in describing the outcome variables of anthropocentric and biocentric health. To investigate these effects, as well as to consider biocentric health as a second level in addition to anthropocentric health, the following four research questions were formulated:

Research Question 1: The first question aims to analyze the effect of the different self-regulatory pre-experiences on the outcome variables of anthropocentric and biocentric health.

¹ According to Stueck's (2023a) relative biocentric theory of health, the individual system levels are interrelated and thus shape health emergence. Both at the individual level, in the family context (micro level), in the institutional context (meso level) and globally (macro level).

² The term "off-nominal situation" is typically used in aerospace and aviation and refers to situations that deviate from the norm or planned course. This can occur due to unexpected problems, malfunctions, emergencies, or other unforeseen circumstances. In such situations, crew members or operators often need to find creative solutions or follow special procedures to deal with the deviation and ensure safety. (cf. Dergachov & Kulik, 2019)

It reads: “What is the effect of the different forms of self-regulatory pre-experience on the target variables of anthropocentric and biocentric health?”

Research Question 2: The second research question extended the approach of the first question by calculating possible explanatory models of the outcome variable when adding further confounder variables to the self-regulatory pre-experience. In doing so, a single model per outcome variable was calculated for each form of self-regulatory pre-experience using the LASSO method. The question is: “Which variables have the strongest effect on the target variables of anthropocentric and biocentric health considering self-regulatory pre-experience and confounder variables?”

Research Question 3: The third research question focused on the strongest influencing variables on the outcome variables, without considering the self-regulatory pre-experience. With the help of this research question, the exploratory part to explain the anthropocentric and biocentric health variables should be strengthened. It was formulated as follows: „Which variables in the relative biocentric health theory model have the strongest effect on the target variables of anthropocentric and biocentric health, excluding the self-regulatory pre-experience?”

Research Question 4: With the fourth research question, the collected results of the statistical calculation are connected considering the theoretical findings from the relative biocentric health theory (Stueck, 2023a) and recommendations for action and derivations are derived. This question is: „What deductions & recommendations for action related to the establishment or maintenance of anthropocentric health & biocentric health can be made from the results of the study.“

Results:

Research Question 1: The results of the present study showed for research question 1 that only the group with experience in yoga/meditation and biodanza showed significant effects on the outcome variables of biocentric health "BG-Organization" (variable representing

biospoietic jumps in terms of personal development ability after challenging life situations) and "BG-Process" (variable representing "flowing" i.e. the ability to accept, to have courage and confidence and to enter into inner orientation), but the variance resolution of these effects was very low. This suggests that self-regulatory pre-experience has minimal direct influence on the health variables studied and may act more as a moderating variable.

Research Question 2: Regarding research question 2, it became clear that self-regulatory pre-experience had almost no effect on the outcome variables of anthropocentric and biocentric health, suggesting a more complex underlying model of these variables. However, numerous independent models were found to describe the outcome variables of anthropocentric and biocentric health. In these models, for anthropocentric health, the variable of well-being (see **Figure 3**; position 9 positive strain consequence), the feeling of relaxation (see **Figure 3**; position 10 negative strain consequences), and the ability to relate to oneself (see **Figure 3**; position 4 biocentric influencing factors) have become particularly evident as influencing factors. In relation to the models of biocentric health, it becomes clear that emotional aspects as well as the ability to cope with illness are frequent confounder variables (variables which contribute to the increase of variance explanation in the statistical model). Particularly striking was the frequent presence of the biocentric outcome variables (BG-Structure and BG-Process) in the explanatory model of the outcome variable "BG-Source", this describes the source of life in the context of the relative biocentric health theory and is to be considered as an indicator for the biocentric core. Likewise, it became clear that the variable "BG-Source" occurs in all models for variance explanation of the outcome variables of biocentric health. Since the biocentric outcome variables are already assumed to have strong entanglement from the theoretical side, this could be confirmed for the outcome variable of "BG-Source" in the present study. The biocentric core (BG-Source), which is present in the RBHT model in all aspects of the biocentric outcome circle, could be demonstrated in these statistical models in that it plays a significant role in the variance explanation of these models of biocentric health. For EG 3,

which differs from the other study groups in its higher spiritual content, it was even possible to demonstrate a modified form of the biocentric core (absolute superposition) as an influencing variable on the outcome variable of anthropocentric health.

Research Question 3: Related to research question 3, the results indicated that emotional reactions (in terms of anxiety and sadness), aspects of coping with illness (active problemcentered coping, distraction and self-build as well as religiosity and meaningfulness), and self-esteem were identified as the main variables for biocentric health, whereas for anthropocentric health, the quality of the immune system and well-being were the main factors. These results are similar to the models from research question 2 and thus can be used as a guide of deriving further hypotheses for future research. These results also show that self-regulatory pre-experience was not found to be a necessary confounder variable in any model, and its importance in the context of directly explaining anthropocentric and biocentric health must be considered rather low.

Research Question 4: With regard to the fourth research question, a sound basis for recommendations for action to promote anthropocentric and biocentric health was presented. In order to establish anthropocentric health, greater attention should be paid to well-being in particular, whereby measures such as wellness, relaxation exercises and time in nature can have a positive effect on the self-assessment of health quality. The fields of action here include classic coping strategies, preventive measures, health education and promotion. Regarding biocentric health, emotional response sequences, disease processing, and situation appraisal were identified as beneficial. It is recommended to intensify the work on the superpositions of situation assessment and reaction. Different methods such as biodanza, yoga, meditation, various forms of coaching, and self-reflective communication can be used to promote individual modes of perception and response. In particular, emotional expressions should be grasped in their duality in order to experience the diversity of emotional expression. Promoting biocentric health aims to develop connection to life and love, with particular emphasis on the four

principles-coherence, duality, entanglement, and holography. These should be considered when planning and implementing interventions to account for the diversity of possibilities for action and to understand the impact of methods on the big picture.

Discussion: The present work relates to the consideration of initial individual-level components of relative biocentric health theory, and was applied specifically to the topic area of exercise-related self-regulatory pre-experience. Results indicate that self-regulatory pre-experience has little influence on outcome variables. This finding is in contrast to previous studies that showed positive effects of exercise on health perceptions. This may be due to study complexity and sample size. The results found highlight some assumptions of relative biocentric health theory and suggest that the outcome variables are based on a much more complex model. This work represents an important step in expanding our understanding of health emergence as a result of the life-love nexus. For this purpose, new conceptualizations and approaches such as biospoiesis, biospoietic jump, and the biocentric core as a symbol of affective intelligence and spirituality, according to the relative biocentric theory of health (Stueck, 2023a), were introduced. According to this theory, the goal is to connect material and subatomic perspectives. The present study was able to reveal initial insights into the significance and measurability of these biocentric aspects and is intended to serve as an impetus for conducting more far-reaching investigations.

Streszczenie

Zarys teoretyczny: Pandemia COVID-19 w bardzo krótkim czasie wywołała wiele zmian politycznych i społecznych oraz na pewien czas znacząco zmieniła dotychczasową strukturę życia. Nie tylko pierwotne skutki pandemii w postaci różnorodnych postaci chorobowych wywołanych wirusem COVID -19 wpływały na sytuację zdrowotną ludzkości, ale także zmiany na poziomie politycznym, społecznym i indywidualnym. W tym kontekście szczególnego znaczenia nabiera holistyczne spojrzenie na zdrowie, w postaci wzajemnych powiązań czynników fizycznych, psychicznych, społecznych i duchowych na różnych poziomach systemu (indywidualnym, mikro, mezo, makro)³. Ta złożona sieć zależności została zbadana empirycznie w niniejszej pracy wkrótce po wybuchu pandemii COVID-19, w oparciu o RBHT. Pandemia spowodowała wyjątkową sytuację (sytuacja odbiegająca od nominalnej⁴), w której w krótkim okresie wywołała zasadnicze zmiany w stylu życia ludzi, a także niepewność co do dalszego przebiegu choroby i wynikających z niej zmian politycznych i społecznych, doprowadziło ludzi do granic ich dotychczasowych mechanizmów radzenia sobie.

Pytania badawcze: Biorąc pod uwagę zasady względnej biocentrycznej teorii zdrowia, w dysertacji zbadano wpływ samoregulacyjnych wcześniejszych doświadczeń na wybrane zmienne zdrowotne. Celem pracy było zbadanie, czy różne formy samoregulacyjnego wcześniejszego doświadczenia mają różny wpływ na opisywanie zmiennych wynikowych zdrowia antropocentrycznego i biocentrycznego. Aby zbadać te skutki, a także uwzględnić zdrowie biocentryczne jako drugi poziom obok zdrowia antropocentrycznego, sformułowano następujące cztery pytania badawcze:

³ Według względnej biocentrycznej teorii zdrowia Stuecka (2023a) poszczególne poziomy systemu są ze sobą powiązane i w ten sposób kształtują zdrowie. Zarówno na poziomie indywidualnym, w kontekście rodzinnym (poziom mikro), w kontekście instytucjonalnym (poziom mezo), jak i globalnym (poziom makro).

⁴ Termin „sytuacja odbiegająca od nominalnej” jest zwykle używany w przemyśle lotniczym i kosmicznym i odnosi się do sytuacji, które odbiegają od normy lub zaplanowanego przebiegu. Może to nastąpić z powodu nieoczekiwanych problemów, awarii, sytuacji awaryjnych lub innych nieprzewidzianych okoliczności. W takich sytuacjach członkowie załogi lub operatorzy często muszą znaleźć kreatywne rozwiązania lub postępować zgodnie ze specjalnymi procedurami, aby poradzić sobie z odchyleniami i zapewnić bezpieczeństwo. (por. Dergachov i Kulik, 2019)

Pytanie badawcze 1: Pierwsze pytanie ma na celu analizę wpływu różnych wcześniejszych doświadczeń związanych z samoregulacją na zmienne wynikowe zdrowia antropocentrycznego i biocentrycznego. Brzmi ono: „Jaki jest wpływ różnych form samoregulującego wcześniejszego doświadczenia na docelowe zmienne zdrowia antropocentrycznego i biocentrycznego?”

Pytanie badawcze 2: Drugie pytanie badawcze rozszerzyło podejście z pierwszego pytania poprzez obliczenie możliwych modeli wyjaśniających zmiennej wynikowej po dodaniu dalszych zmiennych zakłócających do wstępnego doświadczenia samoregulacyjnego. W ten sposób obliczono pojedynczy model dla każdej zmiennej wynikowej dla każdej formy wcześniejszego doświadczenia samoregulacyjnego, stosując metodę LASSO. Pytanie brzmi: „Które zmienne mają najsilniejszy wpływ na zmienne docelowe zdrowia antropocentrycznego i biocentrycznego, biorąc pod uwagę samoregulację poprzedzającą doświadczenie i zmienne zakłócające?”

Pytanie badawcze 3: Trzecie pytanie badawcze skupiało się na zmiennych najsilniej wpływających na zmienne wynikowe, bez uwzględnienia wcześniejszych doświadczeń związanych z samoregulacją. Za pomocą tego pytania badawczego należy wzmocnić część eksploracyjną wyjaśniającą antropocentryczne i biocentryczne zmienne zdrowotne. Sformułowano go następująco: „Które zmienne w modelu względnej biocentrycznej teorii zdrowia mają najsilniejszy wpływ na zmienne docelowe zdrowia antropocentrycznego i biocentrycznego, z wyłączeniem samoregulującego wstępnego doświadczenia?”

Pytanie badawcze 4: Z czwartym pytaniem badawczym łączą się zebrane wyniki obliczeń statystycznych, biorąc pod uwagę teoretyczne ustalenia z względnej biocentrycznej teorii zdrowia (Stueck, 2023a) oraz wyprowadza zalecenia dotyczące działań. Pytanie brzmi: „Jakie wnioski i zalecenia dotyczące działań związanych z ustanowieniem lub utrzymaniem zdrowia antropocentrycznego i zdrowia biocentrycznego można wyciągnąć z wyników badania?”

Wyniki:

Pytanie badawcze 1: Wyniki niniejszego badania wykazały w przypadku pytania badawczego 1, że jedynie grupa posiadająca doświadczenie w jodze/medytacji i biodanżie wykazała znaczący wpływ na zmienne wynikowe zdrowia biocentrycznego „Organizacja BG” (zmienna reprezentująca skoki biospoietyczne w kategoriach zdolność rozwoju osobistego po trudnych sytuacjach życiowych) i „BG-Process” (zmienna reprezentująca „płynność”, tj. zdolność do akceptacji, posiadania odwagi i pewności siebie oraz wejścia w wewnętrzną orientację), ale rozdzielczość wariacji tych efektów była bardzo niska. Sugeruje to, że wcześniejsze doświadczenia związane z samoregulacją mają minimalny bezpośredni wpływ na badane zmienne dotyczące zdrowia i mogą działać bardziej jako zmienna moderująca.

Pytanie badawcze 2: Jeśli chodzi o pytanie badawcze 2, stało się jasne, że wcześniejsze doświadczenie samoregulacji nie ma prawie żadnego wpływu na zmienne wynikowe zdrowia antropocentrycznego i biocentrycznego, co sugeruje bardziej złożony model leżący u podstaw tych zmiennych. Znalezione jednak wiele niezależnych modeli opisujących zmienne wynikowe zdrowia antropocentrycznego i biocentrycznego. W tych modelach, dla zdrowia antropocentrycznego, zmienną dobrostanu (patrz rysunek 3; pozycja 9: pozytywna konsekwencja napięcia), uczucie relaksu (patrz rysunek 3; pozycja 10 negatywne skutki napięcia), oraz umiejętność nawiązywania relacji ze sobą (patrz rysunek 3; pozycja 4: biocentryczne czynniki wpływu) stały się szczególnie widoczne jako czynniki wpływające.. W odniesieniu do modeli zdrowia biocentrycznego staje się jasne, że aspekty emocjonalne, a także umiejętność radzenia sobie z chorobą są częstymi zmiennymi zakłócającymi (zmiennymi, które przyczyniają się do wzrostu wyjaśniania wariacji w modelu statystycznym). Szczególnie uderzająca była częsta obecność biocentrycznych zmiennych wynikowych (BG-Structure i BG-Process) w modelu wyjaśniającym zmiennej wynikowej „BG-Source”, która opisuje źródło życia w kontekście względnej biocentrycznej teorii zdrowia i należy uważać za wskaźnik rdzenia biocentrycznego. Podobnie stało się jasne, że zmienna „Źródło BG” występuje we wszystkich modelach w celu wyjaśnienia wariacji zmiennych wynikowych zdrowia

biocentrycznego. Ponieważ zakłada się już, że biocentryczne zmienne wyniku są silnie splątane od strony teoretycznej, można to potwierdzić w przypadku zmiennej wynikowej „Źródło BG” w niniejszym badaniu. Rdzeń biocentryczny (BG-Source), który jest obecny w modelu RBHT we wszystkich aspektach biocentrycznego koła wyników, można wykazać w tych modelach statystycznych, ponieważ odgrywa znaczącą rolę w wyjaśnianiu wariancji tych modeli biocentrycznego zdrowia. W przypadku EG 3, która różni się od innych grup badawczych wyższą zawartością duchową, możliwe było nawet zademonstrowanie zmodyfikowanej formy rdzenia biocentrycznego (absolutna superpozycja) jako zmiennej wpływającej na zmienną wynikową zdrowia antropocentrycznego.

Pytanie badawcze 3: W powiązaniu z pytaniem badawczym 3 wyniki wykazały, że reakcje emocjonalne (w zakresie lęku i smutku), aspekty radzenia sobie z chorobą (aktywne radzenie sobie skoncentrowane na problemie, rozproszenie uwagi i budowanie siebie, a także religijność i poczucie sensu) oraz jaźń - ocenę uznano za główne zmienne zdrowia biocentrycznego, podczas gdy w przypadku zdrowia antropocentrycznego głównymi czynnikami były jakość układu odpornościowego i dobre samopoczucie. Wyniki te są podobne do modeli z pytania badawczego 2 i dlatego mogą służyć jako wskazówka do stawiania dalszych hipotez na potrzeby przyszłych badań. Wyniki te pokazują również, że samoregulujące wcześniejsze doświadczenie nie zostało uznane za konieczną zmienną zakłócającą w żadnym modelu, a jego znaczenie w kontekście bezpośredniego wyjaśnienia zdrowia antropocentrycznego i biocentrycznego należy uznać za raczej niskie.

Pytanie badawcze 4: W odniesieniu do czwartego pytania badawczego przedstawiono solidną podstawę do sformułowania zaleceń dotyczących działań promujących zdrowie antropocentryczne i biocentryczne. Aby ustalić zdrowie antropocentryczne, należy zwrócić większą uwagę w szczególności na dobrostan, przy czym środki takie jak wellness, ćwiczenia relaksacyjne i czas na łonie natury mogą mieć pozytywny wpływ na samoocenę jakości zdrowia. Obszary działania obejmują klasyczne strategie radzenia sobie, działania

zapobiegawcze, edukację zdrowotną i promocję. Jeśli chodzi o zdrowie biocentryczne, za korzystne uznano sekwencje reakcji emocjonalnych, przetwarzanie choroby i ocenę sytuacji. Zaleca się zintensyfikowanie prac nad superpozycją oceny sytuacji i reakcji. Do promowania indywidualnych sposobów percepcji i reakcji można zastosować różne metody, takie jak biodanza, joga, medytacja, różne formy coachingu i komunikacja autorefleksyjna. W szczególności należy uchwycić ekspresję emocjonalną w jej dwoistości, aby doświadczyć różnorodności ekspresji emocjonalnej. Promowanie zdrowia biocentrycznego ma na celu rozwój połączenia z życiem i miłością, ze szczególnym naciskiem na cztery zasady – spójność, dwoistość, splątanie i holografię. Należy je wziąć pod uwagę podczas planowania i wdrażania interwencji, aby uwzględnić różnorodność możliwości działania i zrozumieć wpływ metod na szerszy obraz.

Dyskusja: Niniejsza praca dotyczy rozważenia początkowych, indywidualnych elementów składowych względnej biocentrycznej teorii zdrowia i została zastosowana konkretnie do obszaru tematycznego związanego z ćwiczeniami wstępnymi samoregulacji. Wyniki wskazują, że wcześniejsze doświadczenia związane z samoregulacją mają niewielki wpływ na zmienne wynikowe. Odkrycie to kontrastuje z wcześniejszymi badaniami, które wykazały pozytywny wpływ ćwiczeń na postrzeganie zdrowia. Może to wynikać ze złożoności badania i wielkości próby. Uzyskane wyniki podkreślają niektóre założenia względnej biocentrycznej teorii zdrowia i sugerują, że zmienne wynikowe opierają się na znacznie bardziej złożonym modelu. Praca ta stanowi ważny krok w poszerzaniu naszej wiedzy na temat pojawiania się zdrowia w wyniku powiązania życie-miłość. W tym celu wprowadzono nowe konceptualizacje i podejścia, takie jak biospoieza, skok biospoietyczny i rdzeń biocentryczny jako symbol inteligencji afektywnej i duchowości, zgodnie z względną biocentryczną teorią zdrowia (Stueck, 2023a). Zgodnie z tą teorią celem jest połączenie perspektywy materialnej i subatomowej. Niniejsze badanie pozwoliło uzyskać wstępny wgląd w znaczenie i wymierność

tych biocentrycznych aspektów i ma służyć jako impuls do przeprowadzenia bardziej dalekosiężnych badań.

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List of Abbreviations

ANOVA	Analogous analyses of variances
CG	Control group
EG	Experimental group
LASSO	Least absolute shrinkage and selection operator
OTH	Orientation to happiness
PDI	Peritraumatic Distress Inventory
PPG	Posttraumatic personal growth
RBHT	Relative Biocentric Health Theory
SoC	Sense of Coherence
SoP	Sense of Possibilities

1 Introduction

The COVID-19 pandemic not only had a far-reaching impact on physical health, but also on the mental health of people worldwide. The risk potential of the pandemic for mental health has been investigated in various studies and showed a significant increase in depressive disorders, feelings of stress, anxiety disorders, and even post-traumatic stress syndrome (Xiong et al., 2020). In this unprecedented time, understanding about the factors that contribute to mental health is crucial. The present work aims to process new findings in the understanding of (mental) health and connect them with the model of the relative biocentric health theory (Stueck, 2023a). This approach was necessary because previous explanatory approaches have focused too much on the human being himself, ignoring the need of connection to oneself, with other people and with nature. For this reason, parts of the relative biocentric health theory model are tested for outcome variables of health during the COVID-19 pandemic under the aspect of self-regulatory pre-experience, because this pre-experience may increase the ability to connect with oneself, other humans and with nature. For this purpose, three different forms of self-regulatory pre-experience were classified in order to be able to determine possible influencing variables on the outcome variables of biocentric (life and love are central) and anthropocentric (humans are central) health. The study grouped people involved in various forms of sports, people practicing yoga/meditation or biodanza, and people living in a yoga community in the sense of a spiritual community. The study groups differ according to the forms of exercise as well as the intensity of the combination of exercise methods with relaxation or meditative aspects.

In light of the global health crisis created by COVID-19 and the knowledge of recurring pandemic situations, this work represents an important first step in expanding our understanding of how health can unfold as a result of the connection between life and love. This thesis is informed by the principals of the relative biocentric health theory (Stueck, 2023a). This theory explores explanations for the increase in man-made crises and dehumanizing tendencies of the

Western civilized world and identifies the need to increase the connection to oneself, other people, and nature. In doing so, the relative biocentric theory of health combines approaches from classical psychological models of stress and strain processing and supplements them with new insights, including from quantum mechanics. Insight is given into a variety of new conceptualizations, such as the biospoiesis, the biospoietic jumps, or even the biocentric core as a symbol for affective intelligence and spirituality. For many years, the WHO has postulated the need to integrate spirituality into the understanding of health, but until now the foundations in the form of an appropriate theory have been lacking. Using relative biocentric health, an attempt is made to combine the material and subatomic perspectives and to model the fields of action at multiple system levels. This exploratory work examines both the anthropocentric and biocentric health aspects. In addition, it analyzes the influence of prior self-regulatory experience with different styles of exercise on these aspects of health and presents preliminary influence models on anthropocentric and biocentric health.

2 Theoretical Background

With the occurrence of the COVID-19 pandemic and the resulting political and societal challenges, a large field of possibilities emerges to consider these events and effects from a scientific perspective. In the context of the present work, the influencing factors and consequences of this pandemic situation, with its unique systematics in the form of lockdown phases, were considered in particular in a health psychological sense. With the basic attitude of a holistic and comprehensive health development, the necessity arises to present the theoretical background also comprehensively and nevertheless concretely. In the following chapter therefore first the basic terms and classical theoretical model are represented, on the other hand an insight into the classical anthropocentric effect mechanisms and modes of reaction with their influence on the health is given and beyond that the new perspective of the relative biocentric health theory of Stueck (2023a) is comprehensively regarded, since this represents the theoretical framework concept to the present work.

2.1 Health, Stress, Coping and self-regulatory pre-experience

2.1.1 Health & Health-resources

The present work has placed the topic field of the "health" into the investigation center. Accordingly, it is important to begin by taking a closer look at the term "health" in order to develop a uniform understanding. The generally valid definition for health was met in the context of the Ottawa charter 1986 as follows: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". (WHO, 1948 cit. in World Health Organization, 2020a). This basic definition already shows how complex health must be considered. Depending on the discipline, the definition of the concept of health is continued or deepened in different ways. In the most current discussions of the concept of health, health is defined as "a relative and relational phenomenon, a socially negotiated construct that is influenced by the respective cultural, socio-political and ecological context and

is constantly renewed in the process.”⁵ (Franzkowiak & Hurrelmann, 2023). In addition to the concept of health, vitality should also be mentioned at this point, since the terms are often mixed up in everyday language. While health is described as a relative and individual phenomenon, vitality can be described as a dynamic state variable, which operationalizes the influencing variables of the system-stabilizing and system-labilizing processes in relation to each other and thus enables a comparability or measurement to determine the state of health of a person in relation to his or her calendar age. (cf. Meißner-Pöthig & Michalak, 1997) For the present work, the basic idea of the multi-complexity of health, according to the WHO definition, is taken up and deepened by the approaches of the relative biocentric health theory in its form at the individual level. In addition, health is understood as a changeable state, which can be positively influenced by the use or activation of health resources. These health resources are complex and have different potentials to influence individual health. One example of a health resource is personal exercise behavior. Personal exercise behavior is described as "health-enhancing physical activity" and can be defined as "any form of physical activity that benefits health and functional capacity without undue harm and risk." (Foster, 2000, p. 9) A systematic review over 29 studies with participants in the age from 18-84 years noticed, that participating in sports, in the sense of physical activity, has a positive impact towards psychological health (improved psychological wellbeing included), improved social outcomes and decreased psychological illness. (cf. Eather et al., 2023) This shows first, that health and vitality is a variable circumstance, second that there is an importance of promoting those health resources (e.g. physical activity) to effect the health situation in a positive way and third, that research is necessary to identify those health resources and their impact towards the age- and gender-specific health outcome.

⁵ Translated by the author

2.1.2 *Stress and Strain*

A central theory in the consideration of the development of stress lies in the "stress and strain model" of Rohmert & Rutenfranz (1975). In this model, it is assumed that people are exposed to many stimuli affecting them in their daily lives. The totality of these stimuli is referred to as stress and can be measured objectively. However, the stress itself is a value-free term, no differentiation is made in this context according to positive or negative. As a result of the subjective assessment of these stresses, the classification according to positive or negative strain arises. This means that the human being evaluates the incoming stimuli on an individual level with regard to their manageability and triggers corresponding subsequent reactions (consciously and unconsciously). The resulting basic assumption is that the emergence of positive & negative strain is completely individual and therefore one cannot draw conclusions about the strain intensity based only on the stress situation. The positive or negative effects of strain depend on the duration and intensity with which the stresses affect the individual. In addition, other influencing factors such as personality traits or physical constitution are also considered. (Cf. Rohmert & Rutenfranz, 1975)

The approach of the transactional stress model of Lazarus can be seen as a supplementary approach to the stress concept and focuses on the importance of the individual evaluation. Just this subjective evaluation of a stress situation is attributed a very supporting role in this model. It is divided into primary, secondary and tertiary assessment.

The *primary evaluation* is divided into positive (no threat), irrelevant (no effect on well-being) or negative (threat or loss) evaluation. If the latter is the case, a corresponding stress reaction is triggered, which in turn is accompanied by the appearance of a variety of emotions. In the *secondary assessment*, the extent to which the individual is able to cope with the situation is examined. For this purpose, both coping abilities and coping possibilities are included in the evaluation. A central role is played by so-called "self-efficacy", i.e. the generalizing basic attitude of trusting in one's own abilities. Coping with the situation can be carried out by

changing the situation (problem-oriented coping) or by changing one's own perception (emotion-oriented coping) (see chapter 2.1.3). The final *tertiary assessment* can be called a coping strategy, it results from the primary and secondary assessment and ultimately leads to a reassessment of the situation. (Cf. Rusch, 2019; Scott & Charteris ,2003)

2.1.3 Coping

Lazarus' concept of coping is a central theory in the field of stress management and refers to the individual strategies and efforts people use to deal with stressors. Lazarus defines coping as the cognitive and behavioral process by which a person evaluates and responds to the specific demands of a stressful situation in order to reduce or cope with their emotional and psychological burdens (See chapter 2.1.1). The basic idea of Coping consists of the fact that humans try actively to deal with stress and to affect their subjective perception of the situation, in order to reduce associated negative effects. Lazarus underlines thereby the meaning of the individual evaluation of the stressor, since it depends not alone on the objective characteristics of the stress situation, but on the individual estimate and evaluation of the stress relevance and coping ability. Lazarus distinguishes three main types of coping: problem-oriented coping, emotion-oriented coping, and evaluation-oriented coping. In *problem-oriented coping*, the person aims to actively address the stressor by taking concrete actions to change the situation or solve the problem. This form of coping is mainly used when the situation is subjectively controllable and is usually very effective in this context. Examples of problem-oriented coping include actively changing the stress-triggering situation or making decisions.

Emotion-related coping, on the other hand, is concerned with regulating the emotional effects of the stressor. This form of coping is usually used in subjectively uncontrollable situations with the aim of restoring inner balance. This coping is used to reduce the emotional reactions and is characterized by, for example, seeking social support, expressing emotions, distracting from negative thoughts or looking for positive aspects in the situation.

In *appraisal-oriented coping*, the focus is on the process of reassessing a stressful situation. (Cf. Fahlböck, 2021) Lazarus emphasizes that both problem-based and emotion-based coping may be appropriate in different situations and contexts. The choice of coping style depends on the individual's assessment of the situation, available resources, and personal preferences. It is important to note that coping is a dynamic process that can be developed and changed over time and in different stressful situations. A study by Lazarus and Folkmann (1984) showed that long-term problem-avoidant coping negatively affects people's mental health. This shows the importance of a balance between problem-, emotion- and appraisal-oriented coping methods. Altogether the Coping concept of Lazarus represents an important theoretical basis, in order to promote the understanding of the individual mastering of stress and the development of effective stress mastering strategies. It underlines the importance of the individual evaluation and the active handling of stressors, in order to promote the mental health and the well-being.

2.1.4 Self-regulatory pre-experience

In the context of the scientific investigation for the present work, the significance of the self-regulatory pre-experience was placed in the center. As became clear in the preceding chapters, the factors of influence on the health are very complex. Referring to the transactional stress model of Lazarus it shows up that the evaluation of the stress situation is affected by individual pre-experience and thus the exit to a positive or negative strain consequence can tend. The self-regulative pre-experience means in this connection that a person already gained over a longer period certain pre-experience, which could show a self-regulative effect. In the context of the present work, these self-regulatory pre-experiences include: playing sports, performing yoga/meditation or biodanza, and practicing yoga in a spiritual community. All variants of self-regulatory practice exhibit movement-oriented principles. The last two groups have, in addition to the movement-oriented component, meditative and spiritual aspects,

respectively, and are therefore distinct from pure sporting activity. The present study therefore examines self-regulatory practice from the point of view of what effects can be observed in connection with the movement-oriented practices on the outcome variables of health. (see Chapter 3). In the following chapters, the self-regulatory mechanisms of action and known interactions with health are described. The effect of sport in the context of stress, coping and health

The present work examines, among other things, the influence of individual exercise behavior on health. In this context, a look at current scientific findings shows that there is already a general acceptance of the positive relationship between exercise behavior and its positive influence on health. (Cf. Bussmann, 2013)

Current studies on the influence of exercise/sport on mental health support this basic attitude. The study by Brown et al. (2021), for example, shows a positive correlation between daily exercise and mental well-being among adolescents in Canada (n=1166). The survey of physical activity behavior, screen time, sleep, and mental well-being was conducted via self-assessment by the subjects and ultimately resulted in a classification into four different "health profiles" ([1] high physical activity behavior, low screen time; [2] low physical activity behavior, low screen time; [3] high physical activity behavior, high screen time; [4] low physical activity behavior, high screen time). Profile [1] was associated as healthy profile, [2] & [3] as mixed profile and [4] as the least healthy profile. The study showed the best mental well-being scores for profile [1] and the worst scores for profile [4].

De Lannoy et al (2023) conducted a scoping review on the topic of the association between physical activity behaviors and mental health in children and adolescents. 21 of 27 articles reviewed reported a positive association, and the remaining 6 articles failed to show an association between physical activity behaviors and mental health. In addition, 23 of 27 articles revealed that there was a negative association between physical activity behavior and indicators of mental illness.

Even if the studies just described show positive correlations, other studies show how complex and difficult it is to measure the "general" correlation between physical activity behavior and (mental) health, and that the scientific significance must often be considered very low. (Cf. Tamminga et al., 2023; Palareti et al., 2020) Reasons for this could be that "physical activity behavior" is a very multifaceted term and there is no standardized procedure for it and thus quantification also seems difficult. Furthermore, the measurement of mental health by a single variable is also rather impossible, as it is subject to too many influencing variables.

2.1.4.1 The role of Yoga and Biodanza in the context of stress, coping and health

Yoga has its roots in ancient Indian philosophy and was developed over 5000 years ago. It is an integral part of the Indian spiritual tradition and was originally practiced to achieve spiritual enlightenment and self-realization. The term "yoga" comes from Sanskrit and means "union" or "connection", referring to the union of body, mind and spirit. Yoga is to be understood as a holistic practice that focuses on the harmonization of body, mind and spirit. It consists of several key elements that work together to be intended to improve overall well-being.

First, there are the asanas, or physical postures, that most people associate with yoga. These physical exercises, of which there are hundreds, stretch and strengthen specific parts of the body and improve flexibility, balance and posture. Another important component of yoga is pranayama, the control and regulation of the breath. Through various breathing techniques, practitioners can calm their minds, relieve stress and increase their energy levels. Dhyana, or meditation, is also an essential part of yoga. By calming the mind and heightening awareness, practitioners can achieve a state of deep relaxation and inner peace. Yoga also includes ethical principles known as yamas and niyamas. These behavioral guidelines are used to lead a moral and ethical life. The yamas include principles such as non-violence, truthfulness and non-stealing, while the niyamas include principles such as purity, contentment and self-study. Mantras, spoken or chanted words, are often used in yoga practice to focus the mind and

generate spiritual energy. They can be in Sanskrit or any other language. Mudras, or hand gestures, are specific hand and finger positions used to direct energy and raise consciousness.

Finally, there are the bandhas, or energy locks, techniques used to regulate and direct the life energy (prana) in the body.

In the research from Sarla (2020) the therapeutic effects of yoga on health and related diseases were reviewed. The study found that regular yoga practice can improve physical, mental, intellectual, and spiritual health. It can also be an effective method for managing and reducing stress, anxiety, and depression. Yoga triggers neurohormonal mechanisms that bring about health benefits, evidenced by the suppression of sympathetic activity. The paper suggests that yoga should be considered as a complementary therapy or alternative method for medical therapy in the treatment of stress, anxiety, depression, and other mood disorders. Overall, the paper concludes that yoga can create a greater sense of well-being, increase feelings of relaxation, improve self-confidence and body image, improve efficiency, better interpersonal relationships, increase attentiveness, lower irritability, and encourage an optimistic outlook on life.

The paper from Chobe et al. (2020) is a systematic review that evaluates the impact of Yoga on cognition and mental health among the elderly. After filtering out irrelevant studies, the review included 13 randomized control trials (RCTs) with Yoga-based interventions on older people. The study quality was fair to moderate, and the maximum studied variables in cognition were executive functions, memory, attention, and language, while in mental health, depression, anxiety, stress, and mood were evaluated. The results of the review indicate that Yoga-based interventions have some positive evidence in improving attention, executive functions, and memory of cognition, while depression in mental health compared to active control among the elderly.

Biodanza, a term derived from the Greek words "bios" (life) and "danza" (dance), is a method of human integration, organic renewal, re-education of the affects and relearning of the original functions of life. It was developed by the Chilean psychologist and anthropologist Rolando Toro and is based on scientific knowledge from biology, ethology and human and social sciences.

The methodology of Biodanza is to evoke "vivencias" - moments lived intensely in the emotion of the "here and now" - through music, natural movement and group interaction. These vivencias are designed to release our vital potentials and help us experience more identity, relational quality, creativity, joy and abundance in our lives.

There are some scientific researchs on the effects of Biodanza on people's well-being and health. López-Rodríguez et al. (2017) studied the effects of biodanza on stress, depression, and sleep quality in college students. The study was conducted with 95 participants and showed significant results in the reduction of stress, depression signs, and an improvement in sleep quality. In the study of Chiesi et al. (2021), again the effect of Biodanza was carried out in elderly people with Alzheimer's disease. Here it was found that Biodanza has a significant positive influence with regard to the reduction of aging symptoms and neuropsychiatric abnormalities. The qualitative study by Calamassi et al. (2019), in which the effect of Biodanza on the stress perception of nursing professionals was examined, came to a similarly positive conclusion. The study showed positive effects on a personal and interpersonal level in the form of increased well-being, personal regulatory capacity, and stress avoidance.

These studies show that Biodanza does have positive effects on people's health and well-being, and for this reason it is included in the study as a self-regulatory pre-experience.

The *yoga communities*, also called spiritual communities, represent a special form of yoga practice. For this reason, it was also defined as a third research group in this thesis. In Germany, there are various yoga centers where the yoga experience is intensified. One

example is the “Yoga Vidja” center in Germany. Subjects who participated in the study within the scope of the present work and belonged to a yoga community were all from the Yoga-Vidja center. The daily routine in these communities is very structured and consists of a multiple daily yoga and meditation practice, as well as engagement with yoga philosophy and other spiritual practices. The daily yoga routine begins at 6 am and ends at 10 pm. The yogis live and work in this community. This structuring of the daily routine greatly deepens the yoga and meditation experience. Life at Yoga Vidya is varied, combining traditional and modern elements. The community is both spiritual and pragmatic and aims to achieve the higher goals of yoga, such as unity and self-realization. Members, also known as "sevakas," engage in selfless service ("seva") as part of their spiritual path. They focus not only on work, but also on personal growth, sustainability, and peace. (cf. Yoga Vidya Bad Meinberg, 2022)

Especially during COVID 19, such a community could be beneficial to support each other. In the present study the members of this community, who had also been there during the lockdown, were examined. They had been living there for at least 1 year.

2.2 The specifics of the COVID-19 stress event

COVID-19, a disease caused by the SARS-CoV-2 virus, has had significant global impact since its emergence in 2019. The viral disease, which initially caused primarily respiratory abnormalities, spread across the world at an unparalleled rate. Mutational forms of COVID-19 resulted in complex health complaints in affected individuals, ranging from flu-like symptoms to gastrointestinal distress, cardiovascular disease, and severe respiratory illness. Worldwide, approximately 6.9 million people have died from COVID-19 virus to date (cf. World Health Organization, 2020b). The rapid rate of spread ($R_0=2.8$ to 3.8 in Germany⁶) via respiratory uptake as well as the rapid mutation ability, in combination with the incubation period (5-6 days) ultimately transformed the viral disease to the classification of a global pandemic. (cf.

⁶ R_0 Describes the basic reproduction number of a virus, i.e. how many new infections are estimated to originate from an infected person.

Robert Koch Institut, 2021) (see Appendix 8.2 & 8.3 for detailed information) As a result, a variety of international and national political and societal decisions and restrictions were imposed. The course of these restrictions and other salient points during the COVID-19 pandemic in Germany, is shown in Appendix 8.1. This pandemic has not only put a strain on health systems worldwide, but has also had a significant psychological impact on individuals and communities due to global and national restrictions. Because of the scope of the restrictions triggered by this pandemic and the resulting changes to normal social life, the COVID-19 pandemic is expected to be a particularly stressful event for humanity.

Stress management during pandemics is a complex process influenced by a variety of factors, therefore it helps to look at current research to see possible impacts of the pandemic stress situation towards the personal health levels. Sanchez et al. (2023) noticed an increased prevalence of depression symptoms among U.S. adults. The authors highlight that the impact of the pandemic is worse, if the persons had a history of depression. In this case, the negative effects of the pandemic influence multiple aspects of life e.g. routines, alcohol use or drug use. Additional to that, person with a history of depression showed significant higher results on specific questionnaires to indicate depression and anxiety.

Covelli et al. (2023) investigated the impact of the COVID-19 pandemic and the first lockdown to the personal stress perception and the psychological well-being of Italian citizens and could find, that the participants showed a lower level of well-being and a higher stress-level.

Verlenden et al. (2022) made research on the relation of adverse childhood experiences and pandemic related stress and the impact on mental health during the COVID-19 pandemic. They found out that Females had higher values for adverse childhood experiences, pandemic-related stress, and depression symptoms. Also, their research showed negative effects of the pandemic-related stress towards the depressive symptoms of adolescents' as well as "a

compounding effect of childhood adversity towards pandemic-related stress on depression.” (ibid.)

On the one hand, it shows that the COVID 19 pandemic leads to diverse feelings of stress and changes in mental health; on the other hand, these effects always show strong correlations with other psychological and social factors that make it difficult to identify the cause of their occurrence. In the present work, an attempt is made with a new, more holistic understanding of health theory, to do justice to this complexity and to investigate exploratively the first results related to this “relative biocentric health” theory.

2.3 Relative biocentric health theory

The relative biocentric health theory (Stueck, 2023a) serves as a theoretical framework for the present work. The study that was conducted to create this thesis was conceptually structured according to the basic assumptions of relative biocentric health theory. Insights into the theory's self-understanding, basic assumptions, and important terminology are provided below. The summaries provided here represent only a small glimpse of the overall theory and were focused on the understanding of health during pandemic situations in the individual-level.

2.3.1 Self-conception and basic assumptions of the theory

The relative biocentric health theory (RBHT) of Stueck (2023a) ventures a completely new way in the description of the development process of health by attempting to develop a universal theory, which unites versatile aspects of diverse subdisciplines and represents differences and similarities as important basic components and logical connections. Thereby the theory offers connection possibilities for almost every subdiscipline, which exists worldwide. Consequently, the theory could be seen as the possibility of a framework concept for all other scientific and practical subdisciplines. The RBHT postulates a novel way of thinking by pointing out options for action and the legitimate coexistence of different approaches.

The biocentric approach describes, in the context of this work, the basic understanding that everything physical and metaphysical in this world is in equal connection/coexistence. The biocentric thought differs thereby substantially from the anthropocentric thought, in which humans stand at the top of the pyramid and rank all other life forms under itself.

The theory contains four essential assumptions or points of view, which show how the emergence of health can be made possible.

- The breaking down of borders and the building of connections, to oneself, to others, and to nature
- Leaving comfort zones, and finding one's own relative truth
- Engaging in the rhythms to oneself, to others, and to nature
- Letting go of things that separate people from life

These assumptions apply ubiquitously to the individual system, microsystem (family), mesosystem (institutions), and macrosystem (nations). It unfolds from one source, the biocentric core (2.3.2.2.7) in the process of biospoiesis (2.3.1.6.1).

2.3.1.1 Initial questions of the theory

The RBHT of Stueck (2023a) is started in an introductory way with the formulation of initial problems or questions, which were used as orientation for the creation of the theory. The answer of these questions and/or closer investigation of the problem situations is to point the basic understanding out for the emergence of health & illness. Stueck (2023a) postulates the following four aspects:

- Due to the inability to live healthy relationships, physical & mental illness and loneliness tendencies are increasing in the western civilized world.
- Man separates himself more and more from nature and the commonality of all life forms.
- Humans create senseless destructions and wars. Natural disasters have man-made causes and life is fundamentally disregarded by civilized man.

- How can biocentric health be represented and which methods can be derived to enable humans to reconnect with themselves, with others and with nature. How can these measures look like on individual- micro-, meso- and macrosystem level to enable the connection to life and the love connected with it?

2.3.1.2 Introduction to Biocentric and the Biocentric Principle - Biocentric Holism

The RBHT is based on two forms of biocentric thinking. On the one hand, the first level exists as a biocentric principle in the form of an ethical perspective of human beings in this world, characterized by the connection and coexistence of human beings with other human beings and all other forms of life or nature. This statement means that life is valuable in itself and that it is ethically valuable to protect life. This means that the focus is not on humans, but on the cooperation and connection of humans with other life forms. Life is at the center. It is detached from what purpose or goal a living being pursues. The right to existence thus exists not only for human beings, but also for all other life forms. Thus, the biocentric principle follows the basic ethical assumptions of Schweitzer (Schweitzer, 1970) and characterizes the need for the expression of affective intelligence, which was fundamentally shaped by Rolando Toro (Toro, 2010).

The second level of consideration of the biocentric approach in theory (biocentrism) is the basic understanding that the universe, which according to the theory has a metaphysical and material level, exists due to the fact that consciousness exists. This view is based on Lanza and Berman's (2010) understanding of biocentricity. Both views, physical (ethical consciousness) and metaphysical (biocentricity) belong to one dimension. The connection to biocentricity and spirituality serves (as does the connection to ethics) as a source to health.

Biocentricity ("The universe exists because consciousness exists" Lanza & Berman (2010)) and the biocentric principle ("The universe exists because life exists" Toro (2010)) together form biocentric holism, which was first defined by Stueck (2023a) in the context of the

relative biocentric health theory. As a result, affectivity (biocentric principle) and spirituality (biocentrism) are central to the theory.

Following the continuity principle⁷, which connects quantum mechanical and classical physical processes, this is taken up within the RBHT and opened up across disciplines. It means that macroscopic "higher" levels of organization or complexity arise from microscopic "lower" levels and that there should be some continuity or consistency between these levels. However, this is not so much a formal "principle" as a useful concept for the study of complex systems. In RBHT, it is now postulated that the continuity principle is not limited to a single discipline, but to the connection of different disciplines (interdisciplinary), describing the path from the simple to the complex (e.g., the connection of quantum physics and psychology)⁸.

RBHT thus combines both ethical and spiritual principles and projects them onto the various system levels. These system levels describe the individual systems to which the theory is applicable, they include the:

- Individual level (Relating to a single person).
- Micro level (Relates to the system of the family or close reference persons)
- Meso level (refers to institutions)
- Macro level (Relates to societies and nations)

2.3.1.3 Basic assumptions of the relative biocentric health theory

The relative biocentric health theory follows in its structure some basic assumptions (biocentric basic assumptions), which are to be described first more near. These basic assumptions form the understanding of the emergence of health around illness in the anthropocentric and biocentric sphere of influence and thus characterize at the same time the

⁷ It describes a permanent continuity between the subatomic, microscopic levels and the macroscopic level, which is why the principles of quantum mechanics are applicable on all system levels. Only the analysis of these principles on the macroscopic level is very difficult due to the interactions between the constituents and the environment. Representatives of this approach are: Niels Bohr, David Bohm, Eugene Wigner, Max Tegmark, Carlo Rovelli (cf. Stueck, 2023a).

⁸ In the understanding of the theory, the continuity principle is about opening this connection of the spiritual-energetic level, subatomic level, biological level, psychological level and social-social level.

action steps to be derived. The following basic biocentric assumptions are established within the framework of RBHT (Stueck, 2023a).

- There is an inseparable connection between life and love. If humans want to connect with nature and life, they must connect with love and vice versa. Life and love are sacred and must be protected. Where life and love are connected, chaos is transformed into order.
- The affective and the spiritual are basic variables of life and the basis of health in all system levels (individual, micro, meso and macro system levels).
- Life contains explicit and implicit order. This view stems from David Bohm's quantum mechanical principle and describes that all life is manifested via implicate order. This implicit order is an invisible, deeply hidden order in the universe the explicit order describes the order which we can observe and which manifests itself.
- Life on the physical and metaphysical levels exists in dual expression. (Principle of duality see chapter 2.3.1.5.1)
- Diversity as the basis of life. Personal development for inner maturation and connection to life can be accomplished through various methods. (In relative biocentric health theory, it is assumed that there is never one omnipotent method to develop a particular trait. Rather, there are always different ways to provide access and development opportunities).
- Followed by the basic principle of constructivism and the understanding that each individual creates his or her own reality, a basic biocentric assumption establishes that there is never one absolute reality or truth, but that each relative truth can exist simultaneously alongside the others. Because of the relative truths, there are also only relative perspectives that are connected in the theory. Instead of an

"either-or," there is an "and" in the theory. This means that each group sees life from its perspective.

- Health occurs when relaxation is made possible. Chronic tension leads to breakdown and is the beginning of pathogenesis.
- All life begins with a decision for life i.e. for compassionate, loving, tender, unselfish and communal, cooperative, action and against the exaltation of the I, the ego.
- Only when the exploration of the inner space of a human being is also recognized as a research achievement, a real connection of the human being with nature can happen. The focus on the North-Western psychology tradition is not sufficient for this. It lacks the connection to the cultural and religious contexts, the body-oriented self-experience and the observation, without evaluation.

In addition to these basic assumptions, which characterize the entire relative biocentric health theory, there are also relevant terms which are described in more detail in the following subsections. These terminologies are necessary to understand the complexity of the mechanism of action in the biocentric effect circle of the theory and to be able to classify the resulting recommendations for action. The chapters 2.3.1.5.1 to 2.3.1.5.4 thereby describe four theoretical orientations that have shaped the emergence of relative biocentric health theory.

2.3.1.4 The principle of quadlation and dualization - structuring an intuitive and rational thought process

One method used by Stueck (2023a) to classify or structure the thought process of theory, was the introduction of quadlation and dualizations. Quadlation describes in this context the finding of four or six aspects to a superordinate topic. 4 aspects stand symbolically for the two-dimensional and 6 aspects for the three-dimensional space. The individual aspects which are found in the context of Quadlation often have certain commonalities which connect them and at the same time differences which distinguish them from each other. Often people find it easy

to find the first three structuring terms for a topic, but if you ask them to name a fourth term, they have to think and thereby increase the awareness of the overall structure or the topic that is described. Consequently, it is an approach of increasing awareness as well as structuring complex topics. The quadlation is extended by the development of the four aspects in a three-dimensional space, which in turn characterizes the introduction of 6 areas.

The second aspect for structuring is the so-called dualization. It is based on the quantum mechanical basic ideas, which were described at the beginning (see chapter 2.3.1.4). The duality describes two extreme poles which are distinguished from each other by their difference and which span a space of action in which one can move mentally. Consequently, they are in close connection despite or because of their difference. The application of the quadlation and dualization takes place throughout, within the framework of the theory, and represents the construction scheme of the theory. Through the mentioned methodology, a net of 4 to 6 terms for each topic runs through the theory. Whereby for each term a dual expression can be formulated. The formulations are described scientifically, of course. For example, to describe the functions of the theory, Stueck (2023a) found four functional areas.

- Increasing awareness related to biocentric health vs. blindness
- Connections vs. disconnection
- Intensity vs. passivity
- Flow vs. fixation

This idea of quadlation and dualization follows the paradoxical logic of quantum physics, because it opens a possibility frame. In this possibility frame the human being connects with his intuitive field, which is to be equated with the quantum field and secondly he passes through a rational field by the concept formation of a relative truth, which opens the consciousness for experiences which connect the human being with himself, others and nature. The individual thus becomes an agent of his own reality.

2.3.1.5 The theoretical foundations of RBHT

The quadlation applied in the thought process of creating the relative biocentric health theory (RBHT) to the influencing theories of RBHT resulted in the following characteristics:

- Quantum physics
- Fractal Theory
- Biospoietic Hologram
- Chronobiology

Of course, there are further scientific approaches to the theory from the fields of biology, medicine, health sciences etc. The individual characteristics and meanings of the four theories will be discussed in the following chapters.

2.3.1.5.1 The Quantum Psychological Perspective of Relative Biocentric Health Theory

Through the reference to the intuitive thinking process and the relativity to the subject or to the subjective experience and observation, the foundations of a quantum psychological view of health were developed within the framework of the RBHT. In this quantum psychological view of health, the fact is taken into account that a separation between subject and object, which is made in many anthropocentric sciences, does not exist in nature or in the life-connected biocentric sciences. There are six reasons for this which were founded by quantum physics.

- The observer changes the observed,
- Everything what exists is interlaced with each other or exists simultaneously,
- Everything is in motion and flows
- Complex systems have factors or quanta that appear as an event and then disappear again, but are still present
- That a possibility space of infinite possibilities that is not predictable is present, but can be influenced by the observer
- That dual expressions are present, which are also not predictable, but must be perceived in order to live life in its wholeness

The quantum psychological approach is oriented to the relative truth of the individual in contrast to fixed definitions of the anthropocentric approach. That is why it works with biocentric basic assumptions:

Superpositions describe the coherence of several states of quantum systems, i.e. that a system can exist in several states in parallel. Only by an observation the state of the system is fixed to a single one. This basic idea is described in the thought experiment of Schrödinger's cat. In the context of biocentric health theory, superposition describes a field of action in which humans can take different courses of action. However, the taking of these options for action requires flexibility, since fixation on individual aspects would obscure the existence of other forms of expression (see chapter Coherence 2.3.2.2.9). A continuous flow between the individual options for action as well as the letting go of proven (supposedly known and safe) ways of acting enables the connection to the biocentric core (see chapter 2.3.2.2.7) which is to be equated with the connection to life.

The principle of *Heisenberg's uncertainty principle* describes the principle of quantum mechanics that there is an intrinsic limit in determining the properties of a particle. For example, it is not possible to determine the location and momentum of a particle simultaneously. The more accurately we want to measure one property, the less accurate the other becomes. This principle finds resonance in the field of RBHT insofar as it is used for critical reflection to accept the previous scientific findings as the only absolute ones. Consequently, it is necessary to question the basic scientific assumption whether only what can be measured at the moment really exists, or whether it is not possible to make this complexity of events measurable due to this uncertainty relation. The biocentric basic assumption mentioned at the beginning describes which further methods can be used for scientific investigation in order to do justice to this quantum mechanical basic principle.

The term *interleaving* describes that particles are inseparable from each other no matter how big the distance between them is. Moreover, it is so that the state of the one particle changes as soon as the other particle is measured/observed. In the context of the RBHT the importance of the connection becomes again clear as well as the aspect of the relativity. Because, the state to be observed can already change at any time or by the observation itself.

The principles of quantum mechanics just described characterize the entire structure of the theory and become visible again in various subareas. In the context of the relative biocentric health theory, Stück (2023a) pursued the endeavor to determine specific superpositions for psychology. These will be discussed in more detail in the area of the Biocentric Circle of Action (see Chapter 2.3.2.2.13).

2.3.1.5.2 The fractal psychological component of relative biocentric health theory

The relative biocentric health theory is a theory that puts life in the center, in contrast to the anthropocentric theory that puts the human being in the center. Since, according to the basic biocentric assumption, life and love are interconnected, it is also always a fractal psychological approach. This approach was also first transferred to psychology by Stueck (2023a). What does fractal mean? It can be said that the wholeness of the world can be called fractal, it is the key to nature, life and love. Fractal structures can always be found, in crystals, in biology, collections of galaxies, etc. Fractal means that the great and whole is a reflection of its components. By the quadration and the dualization just these fractals arise in the thinking process. But also through experiences fractals can be experienced and perceived, through the connection to myself, to others and to nature.

2.3.1.5.3 Life as a Biospoietic Hologram - Holographic Characteristics of Health

Another term introduced by Stueck (2023a) in the context of his relative biocentric health theory is the so-called biospoietic hologram. It refers to the logic of generating representations in three-dimensional space. These images (holograms) are generated in such a way that each part of the hologram contains the entire image. In the context of RBHT, the biospoietic

hologram is the awareness that all living organisms and nature are to be understood as a whole. Everything is interconnected and each part represents the totality of all other parts. For this reason, the outcome variable, biospoiesis (biocentric health) was also divided into the four characteristic expressions of life, the so-called holographic characteristics of life (structure, process, organization and source) (see chapter 2.3.2.2.10). (ibid.)

2.3.1.5.4 Chrono-bio-psychology relation to health

In the context of the relative biocentric theory of health described by Stück, a special role is attributed to rhythms. The holographic characteristic of the process of life (see chapter 2.3.1.5.3) describes the significance of rhythmic processes as a characteristic of life, because the whole life is connected with rhythms. There are versatile investigations in the context of the time series analysis, in which rhythmical processes with different amplitudes and frequencies could be determined in nature, the animal kingdom and with humans. In the context of these time series analyses likewise connections could be determined to rhythmic phenomena between plants, animals and humans. This underlines once more the approach of the permanent connection or entanglement, which were presented in the context of the quantum mechanical principles (see Chapter 2.3.1.4) and the approach of the biospoietic hologram (see Chapter 2.3.2.2.10).

Within the framework of relative biocentric health theory, the individual forms of rhythms are divided into exorhythms, endorhythms, and exo-endo-rhythms:

- Exorhythms are rhythms which act on a system from the outside and thereby cause various adaptation needs. These rhythms include timers, the day-night change, seasons etc.
- Endorhythms are biological rhythms that exist independently of external timers. The rhythms originate within the living system itself and are therefore exemplary of a higher autonomy of the system, but these internal rhythms are subject to certain internal co-factors. According to Stueck (2023a), an example of an

endorhythm is the lateral rhythm in the dominance of nasal breathing which changes every 4 to 5 hours. Stress affects this rhythm and can lead to desynchronization. The "Nadi shodana" developed by the yogis is a breathing exercise designed to stimulate the rhythm and thus restore synchronization.

- The exo-endo-rhythm characterizes rhythms which are stimulated in the organism itself, but are influenced by external timers. To these rhythms there is a further subdivision and some scientific investigations e.g. could be determined with isolation studies that the somatic activity rest rhythm extended on 26.1h, when the test persons were no longer exposed to external timers. Sunlight as an external zeitgeber for the release of the melatonin hormone can also be classified as such an exo-endo-rhythm.

It becomes apparent which strong connections exist and how these connections cause interactions in humans. Besides the importance of rhythmic processes and their interactions with other life forms, the importance of the human inner rhythmization or synchronization is pointed out in particular. Synchronization is seen as a sign of well-being, rapprochement and connection and is basically positive. Indifferent or asynchronous moments, on the other hand, characterize problematic, disconnected forms of life which, however, carry a potential for further development in perspective by making jumps in development and thus leaving the indifferent state. (See chapter 2.3.2.2.11)

Rhythms or rhythmically organized events as well as synchronization and desynchronization processes can be observed in numerous aspects of life and at the same time serve as suitable parameters for biocentric health diagnostics (cf. Stueck, 2023b).

2.3.1.6 Terminologies within the relative biocentric health theory

In order to be able to follow the complexity of RBHT, it is necessary to understand special terms and their relevance in the context of health development. This follows in the next subchapters and represents in each case a compact introduction to the topic.

2.3.1.6.1 The biospoiesis and its place in the context of health understanding

Stueck (2023a) describes the concept of biospoiesis (bios= life, poiesis= creating) for the first time in the relative biocentric health theory and borrows the basic idea from the conceptualization of autopoiesis by Varela (Varela, 1979) and Maturana (Maturana & Varela, 1987). The biospoiesis is defined in the RBHT on the one hand as a multi-layered outcome variable (see chapter 2.3.2.2.10) on the other hand, it is the omnipresent component of the human connection to life and love (see basic assumption chapter 2.3.1.3), which unfolds starting from a biocentric core (see chapter 2.3.2.2.7). The biospoiesis is described by Stueck (2023a) as:

- Universal characteristic of life, which describes a health process as an unfolding process of life. In this process, holographic features appear which are divided into the areas of structure, process, organization and source (see Chapter 2.3.2.2.10)
- - an access to a universal life energy and to a creative self-expression of this life energy as the basis of health emergence and life development.

Since the dual expressions are an essential characteristic of the RBHT, Stueck (2023a) defines the counter expression to the biospoiesis. The so-called thanapoiesis (thana=death; poiesis=development) characterizes the counterpart to the biospoiesis, it embodies death in its purest form. Life and death are mutually dependent, without one, the other does not exist, death is part of life and vice versa. The acceptance of this duality and the thus created state of tension, e.g. between joy and pain, is necessary to gain access to life. When the pain of death is repressed, a biocentric boundary unfolds (see chapter 2.3.2.2.12) which separates us from the

connection to life, the biospoiesis. A basic assumption of the biospoiesis is that life and the love inseparably connected with it continue to flow beyond death. Life is detached from the biological body and passes into the spiritual realm. "This is not a matter of faith, but of logic" (Mariella cit. in Stueck, 2023a).

2.3.1.6.2 The Biospoiesis as a Universal Feature of Life

The multifaceted nature of biospoiesis is evident in the complex model of relative biocentric health theory (see **Figure 1**). In the RBHT, Stueck (2023a) makes an effort to look more closely at the multiplicity of biospoieses and structures them into so-called holographic features of life. These holographic features are universal features of the implicate order of this world and occur in all life forms. The first insights into these features of life came from chronobiological research on rhythmic processes. In these investigations rhythmic, structural and organizational features could be found, which occur in humans, animals and plants. These holographic features were classified as specific outcome variables in the present work and are divided into the structure of life, the process of life, the organization of life, and the source of life. These holographic features of life will be discussed in more detail in Chapter 0 as part of the explanation of the biocentric effect circle.

Measurement studies on biospoietic processes could be found in the context of the studies on autoregulation (see chapter 2.3.2.1.7). Using the chronobiological measurement procedures of Balzer & Stueck (2023), synchronization and desynchronization states in humans can be analyzed over a longer period of time. Certain recurring patterns occur, which resemble a pendulum movement between synchronization and desynchronization. Stueck (2023a) calls this pulsation a characteristic of life and can thus be evaluated as a biospoietic marker. (For more detailed explanations, see chapter 2.3.1.6.6 and 2.3.2.1.7)

2.3.1.6.3 The Biospoiesis and the Access to a Universal Life Energy

Regarding the second aspect of the subdivision of the biospoiesis (see chapter 2.3.2.2.10), that the universe exists because consciousness exists (Lanza & Berman 2010), there are

different terms in different cultural circles, which ultimately mean the principle of the biospoiesis. Be it the "chi energy" from traditional Chinese medicine, the "prana" in the yoga system or even the biocosmic energy in Biodanza. No matter from which cultural or professional origin these phenomena are described, they all describe a force or energy that must be expressed fluidly and creatively, without blockage, in order for health to emerge. The connection to this energy connects the human being with life and has multiple effects, on sexuality, creativity and vitality.

2.3.1.6.4 Creativity and Self-Expression as a Form of Expression of the Biospoiese

As presented in the previous chapters, creativity is considered to play a fundamental role in the context of connecting with the biosphere. Stueck (2023a) describes the access to creativity as a necessary step to get in touch with life and love. To do this, he says, it is necessary to pass through the rational field of criticizing and feedback, since rationality and expectations suppress creativity. When man trusts his nature and frees himself to experience that free thinking and free feeling is equal to all values in this life, then he begins to unfold creativity. In the end it is about an expression of the own existence, in which form this expression happens is not of importance, it can be art, music, dance or also literature. (cf. Stueck, 2023a)

2.3.1.6.5 Affective intelligence as a basic variable of biospoiesis

Life unfolds out of love, according to Stueck's theory (2023a). To be connected to life, humans need affective intelligence. This is a basic variable that affects all other variables in the RBHT model. Stueck (2023a), in his relative biocentric theory of health, describes the concept of affectivity in more detail and highlights it as one of the most fundamental aspects, along with spirituality, of the theory. Stueck (2023a) describes affectivity as an attitude toward life, namely to meet life with love. Where love is lost, illness arises.

In his theory he characterizes the affective connection to oneself to others and to nature as an important protective mechanism to prevent the development of illness. The generic term of affectivity, according to Toro (2010), includes various sub-aspects among others:

- the ability to empathize, that is, to connect with other people,
- the openness to otherness,
- the ability to form bonds, and
- the development of altruism (Toro 2010 cited in Stueck 2023).

In this context, the term affective intelligence was also coined, which includes the ability to connect as just described. So the ability to establish a connection to myself, to other people and to nature and to accept the inseparable connection of life and love. Toro (2010), to whom the basic ideas of affectivity go back, describes it as a state of deepest connection and affection to ourselves and all beings. Affectivity is multifaceted and can be expressed in a wide variety of feelings. Stueck (2023a) adds the component of "unintentional presence" to Toro's account of affectivity. It describes the effort to get into contact with other people or oneself without pursuing a closer goal. The establishment of contact with nature, with all senses, without pursuit of a goal is also understood under the "unintentional presence".

2.3.1.6.6 Spirituality as a basic variable of biospoiesis

Life unfolds from a spiritual source or field, according to Stueck's theory (2023a). To be connected to life, according to the RBHT, man needs a connection to the spiritual basis of life. In this context, the theory cites a thought of Anthon Zeilinger's, "that the world can be understood in purely materialistic terms." (Zeilinger, A. cit. in Stueck, 2023a) Spirituality and transcendence are also attributed a special importance in the concept of biocentric health, as they represent the access to the duality between material and non-material, and through them a connection to the "big whole" is possible. The acceptance of the existence of this spiritual, non-material level is assumed as a logical consequence and represents an important basis for the emergence of health. The connection of the spiritual level, as well as the levels of perceptual position or relative superposition, have an influence on the health and well-being of people, according to Stueck (2023a). Spirituality is represented within the relative biocentric theory of health via the absolute superposition (see Chapter 2.3.2.2.6).

2.3.1.6.7 Relativity in the context of health theory

As described at the beginning, the theory sees itself as a universal approach in the sense of connecting, both the diverse disciplines and the practical life and supersensible spiritual experiences.

Stueck (2023a, 2023d) notes at the beginning of his theory the necessity of understanding "relativity." A basic assumption of the theory is that there are no "a priori truths." Everything is relative; any truth can change in context or is affected by context. Even the RBHT is relative and is thus dependent on the observer, who creates his relative truth accordingly. The valuable thing about this approach is that there can be several, parallel existing relative truths and it is not about "right and wrong", but about "both and".

In relation to the basic understanding of health, it can be concluded that health is also relative. It depends on the observer, on the person who experiences it himself. The classical structuring of illness and its absence does not do justice to the complexity, which becomes particularly clear in the context of mental health. Furthermore, this perspective of the "relative" simultaneously results in a large field of action at the individual level in that one's own relative view can be questioned and changed via the approaches of the superpositions (see Chapter 2.3.2.2.1).

2.3.1.6.8 Symbols in theory: penguin and polar bear

The concept of representing irrationality and rationality via the figures of penguin and polar bear, introduced by Stueck (Muruet al., 2018), also resonates within the framework of relative biocentric health theory. Again, in the sense of dualization, a scope of action is spanned, which is located between the two areas of irrationality and rationality. In this context, too, it is about a balance between the two forms of expression, which should enable us to understand and experience the consciousness of action in the best possible way. In the anthropocentric approach the rational part dominates and becomes superior to irrationality, this is a cause for the separation of man from nature. As can be seen in the model (see **Figure 1**), in all relative

superpositions the symbols for penguin and polar bear are represented. Thus, within the framework of the superpositions, purely rational but also irrational / intuitive approaches can take place. The goal is to remove the fixation on a single access.

The polar bear stands in the model, for the rational appropriation of the world, the penguin againrum describes the emotional, instinctive and intuitive appropriation of the world. To love and protect life belongs the connection of the rational (thinking), the feeling (emotion) and the behavior. Stueck (2023a) used these symbols in previous projects (2009) to describe the union of two forms of expression necessary for the emergence of health. It is about the connection between body and mind, science and art, spirituality and the world, etc.

The perception patterns (see chapter 2.3.2.2.1) of experiencing and observing are called "penguin patterns" in the theory, because they connect the human being with life and the moment. For this reason they are assigned to the biocentric sphere of action of the theory. Through the evaluation processes, according to the theory, man separates himself from life, that is, from the moment. The past and future perspectives are included. This perceptual position also includes critical reflection, based on empirical data (e.g., scientific research). The rational perceptual positions are also referred to in theory as the so-called anthropocentric "polar bear" positions. The only anthropocentric perceptual positions that also connect humans to life is reflective valuation. That is, when conscious reflection can be made on the evaluation processes that trigger negative and positive stress consequences, with corresponding developmental jumps in humans. The just described perceptual positions run constantly and are therefore already present at the beginning or before the situation evaluation they are important/necessary for the formation of a biocentric attitude towards life. For this it is important that all four positions of perception can be taken flexibly and reflectively. This gives rise to an awareness and an ability to act in relation to the situation that arises. The relative biocentric health theory creates various fields of action to enable the flexibilization of the perception positions. The 24 fields of action are based on two super strategies. The first strategy describes the path from the

body to the head and includes methods of self-reflection and development of an observational language. Because these methods include rational reflection, they are also called polar bear strategies. The second super strategy is the path from the head to the body and is called the penguin strategy. This involves experiencing and observing the moment without judgment. (cf. Stueck, 2023a)

2.3.1.6.9 Symbols of the theory: Psychology of the 4 cardinal points

Stueck (2023a) adds to the symbolism of penguin and polar bear the division of psychology into the 4 cardinal directions with their essential influencing variables. He postulates the unification of these diverse psychological directions as a possibility for the connection of penguin and polar bear and thus for the promotion of health development. Thus, we in the European region are strongly influenced by the Western worldview and form our own relative truth of worldview from it, but neglect the diverse equivalent relative truths of other regions. The psychology of the North and West characterize the more rational approach (polar bear), whereas the psychology of the South and East belongs more to the intuitive field (penguin). In summary, Stueck (2023a) thereby presents the following characteristics of the psychology of the individual cardinal points:

- Psychology of the North: Influenced by the experimental work of Wundt, but also the classical psychologists Sigmund Freud, Ebbinghaus, Meumann, Leontjev or even Pavlov. The psychology of the North is strongly characterized by the separation of subjectivity from objectivity.
- Psychology of the West: it is strongly interconnected with the psychology of the North, has a somewhat stronger focus on experimental research. Establishment of the objective and valid research methodology with the consequence of the reduction of the practicality of the studies. Strong infiltration of this methodology at the global level. Representatives of the psychology of the West are Seligmann,

Beck and Lazarus, who are also relevant in the context of the biocentric theory of health.

- Psychology of the South: focuses on the connection between objectivity and subjectivity and attaches a scientifically acceptable perspective to experience. Acting, experiencing, and connecting are central to one's stance here.
- Psychology of the East: This includes the approaches of Islamic psychology but also self-awareness systems of yoga and related work. The focus of this approach is self-awareness and self-centeredness. Measurability in the sense of objectivity is not the sole focus; experiential effects are equally recognized.

In the context of this paper, the symbolism of the penguin and polar bear concept will serve to illustrate the dual expressions and different approaches and to question one's own relative truth.

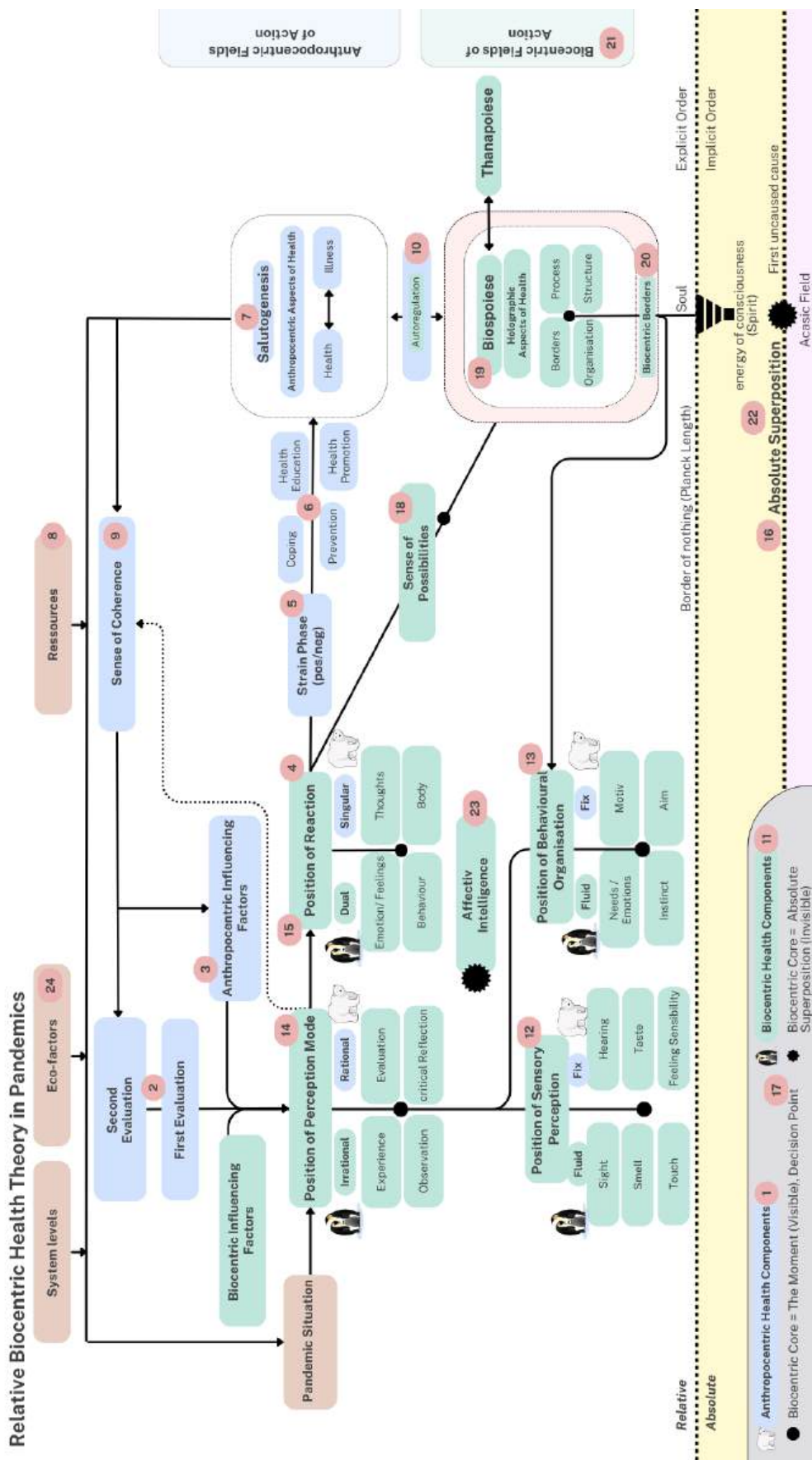
2.3.2 The individual-level model of relative biocentric health theory.

The preceding discussion of relative biocentric health theory, as described in chapter 2.3.1, applies at multiple system levels (individual level, micro level, meso level, and macro level). In what follows, we refer specifically to the use of RBHT at the individual level. The relative biocentric health theory model is shown in **Figure 1** and is used in this thesis in the context of the COVID-19 pandemic. The model describes the processing of multiple stressful situations and was first established in the context of an international COVID-19 study, which began ten days after the first lockdown in Germany, and was then published as "Pandemic Management Theory" by Stueck (2021) and further developed through additional research (cf. Stueck, 2023a). This model was applied to general stress situations after COVID-19 and summarized into a relative biocentric health theory.

In the following subsections, the individual sub-aspects of anthropocentrism and biocentrism, in the context of developing a basic understanding of (mental) health, will be discussed.

In order to be able to follow the individual content components in the diagram, the respective position in the model was provided with red numbers. The reference to the respective number is given in brackets [1-24] in the continuous text.

Figure 1 Relative Biocentric Health Theory in Pandemics (Stueck, 2023a)



2.3.2.1 The Anthropocentric Circle of Action in the Health Model

The anthropocentric effect circle in the health model ([1] see **Figure 1**) is characterized by the basic concepts described at the beginning on the development and management of stress and their interactions with illness and health. It attempts to answer, so to speak, what the causes of exhaustion and (mental) illness in people are. The focus is on the initial assessment phase and the goal for coping/overcoming stress and negative stress consequences. Anthropocentric is the reason why this circle of action is called anthropocentric, because it focuses on the human being in his individuality and describes other forms of life or relationships for the individual purpose. So e.g. the use of the social support for the accomplishment of personal problem situations. Beyond that, the health concepts are usually considered detached from interactions with nature and presented as a purely human-related target value.

2.3.2.1.1 Evaluation Process

The evaluation process ([2] see **Figure 1**) plays a central role. In the classical psychological theories it is assumed that the control need of humans on itself and its environment are central and thereby the evaluation processes affect. Beside the evaluation regarding the controllability, the evaluation of the situation as frustration, underchallenge, overchallenge and burden are likewise mentioned in the context of the theory. The evaluation processes are already very complex and characterized by the individuality of the human being, nevertheless a key event takes place here, which influences how the further development of the stress reaction is. In a second assessment phase, the extent to which the situation is manageable or not is then examined. The available resources of a person then in turn have an influence on the manageability of the situation. This transactional evaluation cycle in the generation of stress was coined by Lazarus and Launier (cf. Lazarus & Launier, 1978) and was described extensively in chapter 2.1.1.

2.3.2.1.2 Influencing Factors towards the evaluation process

The influencing factors ([3] see **Figure 1**) on the evaluation processes characterize different aspects of the personality / individuality and influence to which evaluation form a person tends. Examples are personality styles, cognitive styles (anxiety management), internal orientation, biological factors (e.g. blood pressure) or personal control beliefs. In the present work, specific influencing factors were included in the investigation; they can be taken from the Variable Plan (see chapter 4.1.2).

2.3.2.1.3 Reaction sequences

Depending on the evaluation process (including the influence of the influencing factors), corresponding reactions ([4] see **Figure 1**) take place on four reaction levels. These are mental, emotional, physical and behavioral reactions. These reactions are not yet chronicized, i.e. long-lasting stimulus-independent occurrences, but only characterize the acute, i.e. momentary, form of reaction to an evaluation process. There are signs or signal generators for pathogenetic transitions from health to illness (Schröder 1992). These include frequently occurring anxiety, prolonged sadness, persistent anger and resentment, and alternation between hope and resignation. When these signalers occur frequently, they have the potential to have a negative impact on health and well-being.

2.3.2.1.4 Stress consequences

Coping with the reactions is the essential goal in the anthropocentric effect circle, but if this is not possible, negative stress consequences follow ([5] see **Figure 1**) (Schröder, Rohmert & Rutenfranz). The reactions chronify as negative consequences of stress and result in the development of stress and anxiety. The negative consequences of stress include psychological saturation due to repeated frustration, fatigue or exhaustion due to repeated overload, monotony due to repeated underload, and chronic stress or anxiety due to repeated threat. The stress sequence can also be positive, in which the evaluation processes take place at the beginning in the sense of challenge (optimism), happiness (well-being) or curiosity.

2.3.2.1.5 Coping and salutogenesis

Salutogenesis, i.e. the emergence of health, is achieved in the anthropocentric circle of action through the implementation of coping, prevention, health promotion and health education ([6] see **Figure 1**). The concept of salutogenesis ([7] see **Figure 1**) was developed by Aaron Antonovsky and stems from the basic question of what keeps people healthy or how health can be promoted. The principle here is that tensions lead to pathogenesis (disease development) and relaxations promote salutogenesis (health development).

Ressources([8] see **Figure 1**) are the positive influencing mechanisms and experiences of a person to deal with challenging life situations. They have a lasting effect on the evaluation processes of the person and thus influence the reaction and the consequences of stress. Resources can be discovered or activated and thus help to cope with acute and/or chronic states of stress. Resources promote salutogenesis and create or improve the sense of coherence. Resources are, for example, social support, personal conviction of control or self-determination.

2.3.2.1.6 Sense of Coherence

The central work within the framework of salutogenesis is the Sense of Coherence (SoC) ([9] see **Figure 1**). Antonovsky describes this basic feeling as the most important salutogenetic component and divides it into three sub-aspects: comprehensibility, manageability and meaningfulness. As a result of a pronounced experience of coherence, people should, in the sense of Antonovsky, be better able to cope with stress and burdens and to develop a positive attitude towards life.

2.3.2.1.7 Autoregulation

Autoregulation ([10] see **Figure 1**) is a feature that is expressed in both the anthropocentric and biocentric spheres of influence. In the anthropocentric sphere of influence, it is interrelated with the personal well-being of the human being, in the biocentric sphere of influence, autoregulation shows the basis for the structural characteristic "process of life" and the ability to endure uncertainties and to enable jumps in development. Autoregulation is an

eminently important aspect in the emergence of health, illness arises where autoregulation is disturbed. In the biocentric description of health, autoregulation is only a part, namely the part of the process of health. Autoregulation in the biospoietic description is related to instabilities and jumps of a system, that a system moves out of the comfort zone, that is the aspect of organization. The well-being of animals, plants, unicellular organisms and humans is thus both an anthropocentric and biocentric parameter through successful autoregulation. Autoregulation describes the adaptability of a system and is an indication of aliveness. Autoregulation enables humans to adapt to the environment and to develop personally. Life (bios) is created (poiesis) by the oscillation between activation and deactivation, between synchronization and desynchronization, as described in the theory of Balzer and Stueck (cited in Balzer, Stueck, 2021). The presence of autoregulation, i.e., the pulsation of synchronization and desynchronization, the rhythm, is to be regarded as a fundamental, unifying feature of aliveness; consequently, the absence or a disturbed autoregulation is to be understood as an indication of disconnection to life and thus marks potentially pathogenic aspects.

2.3.2.2 The Biocentric Circle of Action in the Health Model

In contrast to the anthropocentric circle of action, which focuses on evaluation, control and coping, the biocentric circle of action ([11] see **Figure 1**) is concerned with a stronger understanding of the creative unfolding of life, starting from a biocentric core (biospoiesis). This unfolding of life is understood as a dynamic process, similar to that of salutogenesis, and thus marks a commonality between biocentric and anthropocentric circles of action. Stueck (2023a) sees the four essential characteristics of the biocentric Circle of Action and the resulting differentiation from the anthropocentric Circle of Action in particular in:

- The presence of the superpositions in the realm of sensory perception, mode of perception, mode of reaction, and behavioral organization with the goal of removing the fixation of the superpositions and moving into the process of flowing. This flowing is a rhythmic process and creates the connection to life

- Health must be understood as something relative. It can only arise when people are able to live in healthy affective relationships with other people and other forms of life. Health thus arises in the collective and not exclusively in individuality.
- The biocentric core is considered the source of health and thus enables the emergence of biospoiesis. The biocentric core is characterized by the moment in which "there is an affective, feeling-based connection of the human being to life and the love that is inseparable from it" (Stueck, 2023a). Through creativity, normative, conventional modes of action are abandoned, allowing for a new form of experience. Creativity thus characterizes immersion in the unknown and intuitive. Behind the biocentric core is the spiritual basis of life. It is omnipresent and independent of the material realm. This spirituality characterizes the absolute superposition.
- The outcome of the biocentric circle of action is the biocentric health as a totality of all holographic features, both anthropocentric and biocentric.

In addition to the anthropocentric impact factors, where the focus is on solving or overcoming the stress problem, there are deeper biocentric impact factors that influence this stress-strain mechanism. They describe the basis for the connection to the physical and affective aliveness of humans with themselves, with others, and with nature, which is especially important in pandemic situations. These connections are maintained, especially in pandemic situations, by moving away from the dominant perspective of "evaluating" to the positions of "experiencing" and "observing." For health, the flexible shift between the four relative superpositions of observer, experiencer, evaluator, and critical reflector is necessary. That means the change of these perceptual positions or relative superpositions should be fluid.

2.3.2.2.1 Description of the relative Superpositions

The relative superpositions ([12-15] see **Figure 1**) represent key moments in the biocentric circle of action, in which the various possibilities of human action are shown. The

concept of superposition comes from the principles of quantum mechanics and describes the simultaneous superposition of certain features (see Chapter 2.3.1.5.1). The biocentric effect circle is characterized by 4 relative superpositions, each of which contains possibilities of influence and options for action. The relative superpositions are entangled with each other and thus influence each other.

2.3.2.2.2 The relative Superposition of sensory Perception

It describes the sensory perception of situations ([12] see **Figure 1**). They provide people with important information about situations and have been divided into 6 areas within the framework of the theory: Sense of sight, sense of hearing, sense of smell, sense of taste, sense of touch, sense of body/belly. According to the basic quantum mechanical idea of superposition, initially all accesses/features are present, by focusing on a specific feature, this becomes dominant and displaces the other feature expressions. In practical terms, this means that by focusing on a single sensory channel, the expressions of the other sensory channels lose importance and thus one might think that the other sensory channels do not provide information. The relative biocentric health theory aims to counteract this fact by raising awareness and thus highlighting the multiple fields of action. Awareness of these courses of action is described in more detail in Chapter 2.3.2.2.8. It is important that the access to the manifold forms of expression of the individual superpositions is only possible if the human being takes time for it and consciously gets to know new ways. Otherwise, conditioned, automated and fast processes take place.

2.3.2.2.3 The relative Superposition of behavioural organisation

The superposition of the behavioral organization ([13] see **Figure 1**) describes the four influencing variables in the context of the inner natural space of man in distinction to the outer natural space. These four influencing variables of the inner natural space of man lead to all the known psychological sensations and basic mechanisms. They are the instincts/drives, needs and

emotions, motives and goal formation. The outer natural space which is determined by the laws of nature and thus describes the animate and inanimate nature is reflected in the inner natural space of man. It creates the connection between man and nature. From a biocentric point of view, the basic variables of the inner natural space must have a coherence, which means that there is a flow between the individual influencing variables and a fixation is eliminated, otherwise one separates from the outer natural space and prevents the connection to other people and to nature.

2.3.2.2.4 The relative Superposition of Perception

This Superposition ([14] see **Figure 1**) describes the extension of the previous approach of the anthropocentric effective circle at the position of the evaluation. The evaluation itself is a characteristic of the superposition. Besides evaluation, there are three other characteristics, critical reflection, experiencing and observation without evaluation. The modes of perception also include both the irrational and the rational (see Penguin & Polar Bear). In general, within the framework of the relative superposition of the modes of perception, it can be stated that the partial aspects listed in the theory reveal a variety of possible actions, in addition to evaluation, which enable new ways of dealing with challenging life situations. And here again the biocentric basic assumption applies that the connection and flow of the individual elements are of particular importance. In his theory, Stueck (2023a) goes into much more detail about the individual modes of perception, describing both the approaches to these different modes and their impact on the connection to life. In a nutshell, it can be shown that the experience focuses on the value-free acceptance of the moment. The conscious experiencing of what is in the moment. Without judging or repressing, to open up to all that the moment has an effect on the person and to connect with this moment and thus with life. It includes the liberating basic assumption that inequalities can exist in parallel in the moment. So, for example, that one can feel both unpleasant and pleasant feelings without placing the existence of one orientation above that of the other. Biodanza (see chapter 2.1.4.1) is the method that activates the

experience in the moment and enables the person to approach it. But also the use of psychotropic substances or also the practice of shamanic rituals can enable the access to the experience in the moment. Observation represents a new approach in that it should take place without any form of evaluation. The detachment from personal ideas and the immersion into the unintentional presence in order to meet the moment with mindfulness represents the culmination here. Since all characteristics are intertwined, observation often goes hand in hand with experiencing and thus cannot be fully delimited. It is a matter of observing the inner natural space as well as the outer one and accepting what is there. Related to the quantum mechanical basic principles, the peculiarity of the observation in the psychological sense can be stated in it, since the mere observation without any further activity can already bring about a change of the total system (see chapter 2.3.1.5.1). For the activation of the observation ability Stueck describes different approaches, for example the methods of the meditation practice "Vipassana" or also the Neuro Affective Relational Model (NARM) which comes from the area of the Trauma therapy. Evaluation is the anthropocentric part of superposition. It involves the subjective evaluation of a fact, situation or object and is strongly influenced by personal prior experiences or learning experiences. The evaluation is a strongly rational approach to the superposition and can be shaped by rational considerations as well as emotional reactions or cultural influences. Finally, critical reflection is distinguished from evaluation. The latter is characterized by the ability in a rational sense "to think about things, analyze information, question assumptions, and arrive at a conscious judgment or evaluation" (Stueck, 2023). The difference lies in the fact that the critical reflection is more far-reaching and more objectively structured than the pure evaluation. Every scientific method includes the position of critical reflection based on empirical data, but beyond that, critical reflection can also be practiced via Bohm's dialogue, or even the approach of Deep Democracy.

2.3.2.2.5 The relative Superposition of Reaction

The relative superposition of the reaction ([15] see **Figure 1**) describes the respective possible dual expressions of the reaction mode of a person to the incoming situation. Dual expression means that for each reaction there is also a counterpart, which must be perceived. In theory it is assumed that I can only experience real joy if I can also perceive the pain or sadness as a counterpart. Where this does not occur, we speak of singular reactions. The non-existent perception of duality leads to illness.

This way of reaction is, just like all other superpositions, intertwined and influences in each case further aspects in the whole circle of effect. The mode of reaction in the anthropocentric sense would be the acting out of a single form of reaction in singular expression, in the biocentric, connecting sense the dualities and the possibility of flowing are in the center. The forms of expression of the modes of reaction include the emotions/feelings, thoughts, behaviors, and bodily reactions. That is, in the sense of duality, the reaction form in the behavioral realm would be the perception of being overchallenged relative to being underchallenged of interest. For this is where the action space of duality spans. Anthropocentrically, only the increased overchallenge would be of importance and would be examined more closely as a singular parameter.

2.3.2.2.6 The absolute Superposition

The absolute Superposition ([16] see **Figure 1**) characterizes the spiritual part of the relative biocentric health theory and can also be described as spiritual biospoiesis. The western psychology (see Chapter 2.3.1.6.9) and also the western civilized people have lost the connection to the spiritual for the most part. From the view of the RBHT you have lost thereby a substantial reference to the life, which becomes noticeable again in the increase of psychological illnesses, alienations and the lack of connection to nature. The spiritual biospoiesis is a non-measurable and non-visible level of the biocentric core (see chapter 2.3.2.2.7) and represents a sense of "being" that goes beyond the body. The spiritual biospoiesis

describes how the energy of consciousness emanates from the so-called "first uncaused cause", what meaning is attributed to the soul, what function the soul has in the context of the physical and spiritual development of man, what the essence of man means as well as what role consciousness plays in manifestation related to crystals, plants, animals and humans. In theory, these spiritual aspects are evaluated as part of logic rather than belief.

This elaboration of the theory, based on a qualitative research project, is thus a first attempt to grasp spirituality scientifically and to connect it with existing theories. It follows the basic assumption that the absolute unfolds in the relative. (Mariella cit. In Stueck, 2023a)

2.3.2.2.7 The biocentric Core

The model establishes basic biocentric characteristics that can be formed, among other things, by the fields of action that describe biocentric action. These include: Honesty, trust, inner-orientation, spirituality, autonomy, self-confidence (self-worth) and the reference to loving action. These basic biocentric traits are deep-seated attitudes toward life and connect humans to what is called their "Biocentric Core" ([17] see **Figure 1**). It is assumed that through pandemics the connection to this biocentric core is lost in a part of people. The Biocentric Core has biological, psychological and spiritual parts (Stueck, 2021). The biological and psychological parts are visible in the experience of harmony, rhythm, relaxation, and access to loving action. The biological and psychological qualities of life just described are fed from an underlying spiritual level.

As indicated earlier, the biocentric core plays a very central role in the context of health theory. This core is included in every superposition. If it is possible for the human being to get into flow within the superpositions and to take in the different characteristics of the superposition, then he connects with the biocentric core.

As already indicated in advance, the biocentric core plays a very central role within the framework of health theory. This core is included in every superposition. If it is possible for the human being to get into flow within the superpositions and to take in the different characteristics

of the superposition, then he connects with the biocentric core. It is the connection to humanity and therefore to life. Furthermore, the relative positions of the biocentric core also mark the connection to the absolute superposition. They are, so to speak, entangled, holographic points of expression in which the connection to spirituality, to the non-material realm is possible. While the relative biocentric core characterizes the connection to life in the moment, the connection to the absolute superposition describes the feeling of "being". It is more fundamental, independent of the individual and not measurable.

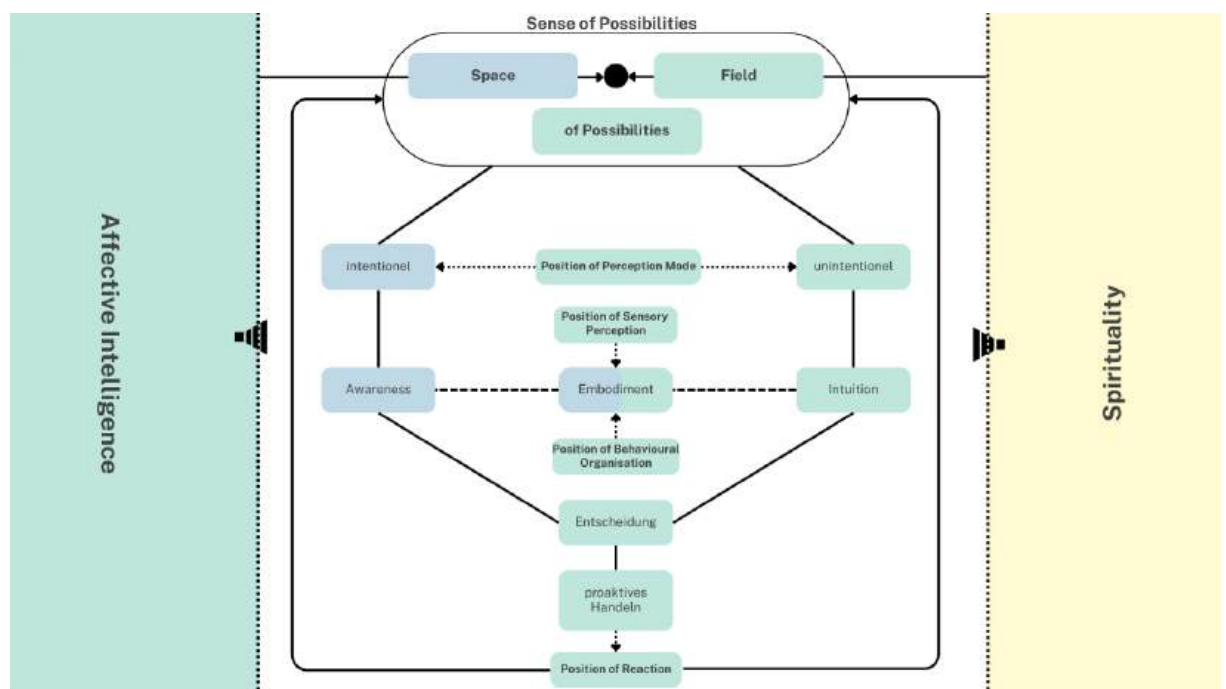
2.3.2.2.8 *Sense of Possibilities*

The essential further development by the biocentric circle of action consists in the establishment of the awareness for the Sense of Possibilities (SoP) ([18] see **Figure 1**). It basically characterizes what is needed for people in all situations of life, the awareness of options for action. Whereby this awareness only describes an access to the Sense of Possibilities. The Sense of Possibilities goes hand in hand with the Sense of Coherence. Stueck (2023a) develops the concept of the "space field of possibilities" to describe the actual complexity. It describes a multidimensional matrix that unifies choices and potentials. The "space field" consists of the duality of space and field, of material measurable and non-material non-measurable perspectives. The two dual expressions can be distinguished from each other as follows:

- The space of possibilities characterizes a range or spectrum of options that can occur in parallel. The possibilities in this space are separated from each other and can be ordered. (Rationality)
- The field of possibilities describes the connected structure of possibilities. This means that the possibilities are not considered isolated from each other, but are connected in a complex way. (Intuition)

The space field that spans the SoP and thus provides two different perspectives on the field of possibilities is described in more detail in Figure 2. It is fed by the basic variables of affective intelligence and the approaches to spirituality, they are the characteristic expressions of the biocentric core which in turn represents the center of the space field.

Figure 2 Sense of Possibilities



The space field of possibilities can be activated through unintentional or intentional presence. Unintentional presence describes the ability to be present in the moment without having a specific intention, motive or goal. Intentional presence is about immediately perceiving the moment itself in its fullest expression. Intentional presence, on the other hand, is about consciously using the situation with certain intentions, i.e. it is about pursuing certain intentions and goals and thus shaping the further course of events. With the division visible in the model between unintentional and intentional presence, it should be emphasized that there should be no fixation on one form of presence, but rather the goal is to enable the pulsation between both areas.

The subdivision whether intentional or unintentional is decided is influenced by the relative position of perception mode. That is, depending on whether I am evaluating or critically reflecting, I tend to be more in an intentional presence, but if I am experiencing or observing without evaluating, I am more in a form of unintentional presence. As seen in the figure, intentional presence is followed by awareness. Awareness of possibilities and action steps, but related to the embodiment. The embodiment is touched by the relative position of Sensory Perception and of Behavioural Position. In the consequence of Consciousness, the person makes a decision and thus favors the proactive action. The latter subsequently touches the relative Superposition of Reaction, which in turn is connected to the Space Field of Possibilities and the Biocentric Core. On the side of unintentional presence, the factors influencing each superposition are identical, the only difference being that unintentional presence does not result in consciousness, but intuition. Intuition is also related to the influence of the embodiment and the superpositions behind it. Based on intuition, a decision is finally also made, and proactive action sets in. The dualities of rationality (intentional presence) and irrationality (unintentional presence) are opposed.

Within the framework of the relative biocentric health theory, the SoP represents the aspect that describes the action space field of an individual person. That is, all other aspects of the model characterized by influencing factors and interactions with external factors are not present at the point of the SoP. The space field of possibilities is an individual-specific perspective and the person himself is the one who consciously or unconsciously makes the decision and thereby shapes his actions. The responsibility for how the person acts lies with the person himself and not primarily in external factors.

2.3.2.2.9 The difference between Sense of Coherence und Sense of Possibilities

The model shows, a new perspective on the influencing variables of decision making and the emergence of proactive action in people. It represents a new approach that extends the Sense

of Coherence (SoC) approach and brings with it even greater possibility for action. The scheme of the Sense of Possibilities shows again clearly the importance of the relative superpositions insofar as the living out of the dualities is an important basis to be able to grasp or feel the wholeness of our world, material and non-material. The SoP is the key indicator to connect us with life and love by choosing the decisions we make both from a rational and irrational point of view and by uniting the consciousness and the feeling about this possibility space field in us. This means that the SoP unites the dual form of expression that the SoC lacks in its previous approach and thus expands it. It needs both the Sense of Coherence (Intention) and the Sense of Decoherence (Intuition) in the sense of a holistic SoP. In this context, the quantum mechanical principles of coherence and decoherence become very important. By the fact that the observation or determination of an option for action dissolves the coherence, i.e. the superposition of several property states, the scope for action is reduced and narrows down to single options. This opened, manifold scope of action (decoherence in the sense of superimposition of several property states) can be restored through connection with life, through unintentional presence. Decoherence, produced by unintentional action, opens the Sense of Possibilities and thus gives the human being the possibility to tread new paths of action. By taking a new path of action through intentional choices, coherence is again created. This means that in order to keep the Sense of Possibilities activated, a constant oscillation between coherence and decoherence, between intentional and unintentional actions is necessary. The opening of the Sense of Possibilities also has an influence on the biospoiesis (due to the multiple entanglements) and thus enables the human being to connect and unfold life and the love associated with it. The most important accesses to the SoP take place through becoming aware in the moment, letting go or being able to accept, being able to truly express oneself, gaining access to the external natural space and mapping it in oneself (embodiment), crossing rational fields and finding access to intuition. The SoP can thus be described as the connection possibility to the biospoiesis. Even if the SoP occupies a single place in the model,

this is only due to the formative framework, the SoP is present in all points of the biocentric effective circle, especially in the context of relative superpositions. (cf. Stueck, 2023a; Stueck, 2023b)

2.3.2.2.10 The Outcome Variable of the Model Characteristics of Life as Holographic Characteristics of the Biospoiesis

The term biospoiesis ([19] see **Figure 1**) (unfolding of life) introduced by Stueck (2023a) characterizes the outcome variable of the investigation in the present work. It can be described in individual, micro, meso and macro systems. If the theory is based on a fractal approach, then it is logical that biocentric health must be considered fractally. That is, that something smaller emerges in and is connected to something larger and vice versa. And that there are dual manifestations of each manifestation according to what the observer is looking at, with his intention and attention, based on the four relative superpositions or the absolute superposition. This is the quantum psychological component of biocentric health. In this paper, only the biocentric health related to the individual system is investigated and described. The dual manifestation of health is disease. The continuum between these two dual expressions is called salutogenesis. That is, biocentric health is a processual flow between the two poles of health & disease and cannot be fixed. The concept of salutogenesis is associated with that of relative biocentric health theory.

As became clear in the preceding chapters, the emergence, development and expression of the Biospoiesis is very versatile. In order to be able to produce a better differentiation, it is necessary to draft the definition or clarification of the descriptive characteristics of life. Well knowing that due to the basic principles mentioned at the beginning, e.g. entanglement, a large commonality between the individual aspects is to be expected, Stueck (2023a) has defined the following four characteristics of life, which are to be found in all forms of life and also in the phenomena of the universe. These features of life are also called holographic features, because they represent individual parts of the main component (life) by their components or form of

expression. The characteristics of life can be found in the small as well as in the large, thereby characterizing the biospoiesis and thus becoming essential for the outcome variable of biocentric health as a complement to anthropocentric health.

The **structure of life** characterizes the aspect of connection to oneself, to other people and to nature. The connection becomes clear in affective communication and the connection of inner and outer natural space. Biocentrically, illness always arises where a disconnection from life and love occurs (see Biocentric Basic Assumptions chapter 2.3.1.3). This means that love on the physical level, in biocentric health theory, is defined as aggregation, or accumulation of compounds. This happens at the atomic, cell biological, and psychological levels. Thus, making connections is a characteristic of biocentric health.

The **organization of life** describes the intensity. It becomes visible by leaving comfort zones (the supposed security), showing instabilities and performing "biospoietic jumps" (see chapter 2.3.2.2.11). It is an ongoing alternation between autoregulation and developmental jumps. They are triggered by the reduction of psychological and biological protective mechanisms and by the intense experience of instability.

The **process of life** is represented by the ability to flow. Related to the different characteristic expressions, the ability to flow shows how well coherent states are used and the oscillation between coherence and decoherence functions. This is the presence of alternation between stable and unstable states. Biocentric health theory postulates the following two basic assumptions in this regard:

- To remain healthy, humans must "step out of the darkness of security into the light of uncertainty" (Mariella 2023 cited in Stueck 2023a).⁹. (Here lies the connection to health and creativity) To initiate a biocentric health process means to activate creative

⁹ The results are based on a qualitative study of the spiritual teacher Mariella from Treviso, Italy. The teacher was chosen to describe the spiritual aspects of the theory because, in addition to the spiritual aspects, she also seeks a connection to scientific principles. (Stueck, 2023a; Stueck, 2023b)

processes and thus to free oneself from automatisms in the life process. This describes the light of insecurity. Connecting with the moment and expressing what is there.

- Only instability and stepping out of comfort zones can trigger jumps in development that mean health.

These processes have been demonstrated in various studies (immune system, immunoglobulin A, etc.) (cf. Stück et al., 2009)

The **source of life** describes the core of life (corresponds to the biocentric core). This becomes visible in the moment. "The moment is the only place where life exists" (Stueck, 2023). It is the moment which lies within oneself and enables the connection to the superior spiritual, non-material world. The most important connection to achieve biocentric health, to stay healthy, that is to be in connection with myself, with others and with nature, is the connection to spirituality. In almost all anthropocentric fields of life and also in anthropocentric science, this connection has been lost. This can be assumed as a deeper reason why the connection to nature has been lost. Spirituality means the connection to the feeling of being. The WHO has named spirituality as the fifth pillar for health since 1984. Since spirituality is based on something that cannot be measured, and can only be grasped through the relative superpositions of experiencing and observing, these relative superpositions must become part of the scientific paradigm, alongside qualitative and quantitative scientific paradigms. In biocentric sciences that study health, firstly, it is not possible to consider health only from the position of critical reflection (previous scientific perspective), but secondly, the separation between subject and object can no longer be maintained. Spirituality is represented in the theory by the absolute superposition. These described four aspects of life and biocentric health (quadlation) are the organizing and invisible processes behind the visible. The visible can be described with constructs such as "well-being", "quality of the immune system", "misfeeling" or even "harmony". Spirituality is not a question of belief, as it is described in the anthropocentric sense, but is a question of logic in the biocentric sense. (cf. Stueck, 2023a)

Furthermore, besides the holographic features of life, **borders** also exist as holographic features. With these borders it is meant that living systems show borders and protect themselves thereby health-preserving. If this border is not present, then the living being destroys itself. It ultimately needs the boundary to protect its individual existence. Examples are the functioning immune system, a psychological limit is the self-protection by saying "no", the limit of single cells or also the limits of the ability to perceive which represent the reality differently for every living being. Life arises thus in the dual expression of connection and border, in order to make life possible it needs pulsation in this duality. (cf. Stueck, 2023a)

2.3.2.2.11 Biospoietic jumps

The biospoietic jump as an expression of the organization of life (see Chapter 2.3.2.2.10) is considered in detail within the framework of the relative biocentric theory of health. They are related to the outcome variable in the sense that they represent the essential feature of human development or adaptability. Before a biospoietic jump can take place, the organism goes through a phase of instability which can be illustrated e.g. by detailed process analyses. The instability characterizes a phase of uncertainty which can be overcome and then by a jump change again into a regulative area. The jumps can be observed and measured in various biological patterns, in humans as well as in animals or plants. The biospoietic jumps can be observed in physiological and psychological parameters and have different temporal structures, some jumps take place after short periods of instability, others are more long-term. (Cf. Stueck, 2023a)

2.3.2.2.12 Biocentric Borders

That which prevents access to the deep-seated biocentric qualities, as well as to the biocentric core, are called biocentric borders in the theory ([20] see **Figure 1**). These are all aspects and causes that separate the human being from life and love. They become visible in many ways and can be classified in different ways. Some protective mechanisms of the human

being act as biocentric borders, because they separate us from the moment of life and the necessary duality. Exemplary at this point are:

- The fixation on an absolute truth, a priori
- Separation of the human being from spirituality
- Overvaluation of the ego and increase of individualism
- Disturbed autoregulation with overload inhibition and separation from the environment
- Hyper- and hyposensitivity
- Exhaustion and depressiveness
- Affective pathologies (inability to connect with others) (Toro, 2010)
- Dependencies and loss of autonomy
- Fear limitations (fear of living, fear of loving, fear of nature, fear of expressing oneself Toro 2010)
- Dependencies and loss of autonomy
- Fear limitations (fear of living, fear of loving, fear of nature, fear of expressing oneself Toro 2010)

Biocentric borders are understood as man-made borders. They are behaviors, symptoms, or phenomena with different origins. They have in common that they separate man from himself, from others and from nature. They also separate man from the four holographic features of life.

2.3.2.2.13 Biocentric fields of action

In addition to the biocentric fields of action, there are also the anthropocentric fields of action, which serve to promote or establish the anthropocentric circle of action. They can be divided into the areas of coping, prevention, health education and health promotion ([6] see **Figure 1**).

The biocentric fields of action ([21] see **Figure 1**) of the RBHT describe possibilities of action to get in touch with life and love and thus to enable the connection to the biocentric core and to biocentric health. The interventions to the fields of action should always be planned from the two perspectives of the penguin and polar bear (see chapter 2.3.1.6.8) (From the head into the body and from the body into the head). These fields of action can be divided into four different areas:

- The development of the SoP
- The fields of action for the promotion of the holographic characteristics of life
- The connection to the basic variables of life, spirituality and affectivity
- The development of healthy eco-factors

The *development of the SoP* succeeds in different partial steps. First of all, it is a matter of grasping the possibility space; for this purpose, it is appropriate to orient oneself on the relative superposition of perception, which means that the human being experiences, observes, critically reflects and evaluates the possibility space. The important thing here is to enable the wholeness of this position and the flowing within it. This becomes clear by an example, when a person is looking for a new profession, he has the possibility to go through the rational space by critically reflecting the professional possibilities and evaluating the possibilities. While gathering the information about the profession, the person feels the possibilities and can observe and experience his feelings. Through this feeling and experiencing and observing, the person's intuition is stimulated and thus influences the action the person decides to take (see Chapter 2.3.2.2.8 and **Figure 2**). The pulsation within the superpositions is important to keep the possibility space large. It is ultimately about enabling the possibility of connection to coherence and pulsing between coherence and decoherence. Exemplary methods to make this possible are: Biodanza (experiencing), meditation (observing), Bohmian dialogue (critical reflection), personal coaching (evaluating). The SoP can never be trained by a single method, it always

needs a variety of methods and method experiences, which move in the areas of the perceptual position and activate it.

The second field of action for the *development of the holographic characteristics of life* refers above all to overcoming the separation from oneself, other people and nature, which is seen as the cause of the increase in illnesses and problem situations in this world. That is, it is about meeting the experience of being in the moment affectively and spiritually. By this affective connection is meant to develop an empathic connection based on feelings to all living beings and elements. There are various ways in which methods can be biocentric in nature, but a biocentric intervention does not represent a specific methodology, but rather provides a direction of expression through the establishment of principles. These are for example:

- Interventions should always be experienced in groups and the experience should be addressed with all senses.
- In the aftermath of an intervention, feedback should not only be given on a rational level, but in addition an expression of feelings should be found through words, art or poetry. It is about asking feelings and thoughts.
- The relationship to nature is an important basis of biocentric interventions, either by working with sounds or materials from nature, or that the method takes place directly in nature.
- Biocentric interventions give time and space for personal experiences and create support in times of uncertainty
- Strengthening empathy within the group rather than focusing on an individual
- Support takes on a more important meaning than finding the root cause
- Maintaining the balance between body and mind
- The method connects and integrates all aspects of life

To connect with the holograph features of life, Stueck (2023a) defined so-called biocentric levels:

- Affective Communication to myself, to others
- Expression of Lively corporeality together with others
- Contact with healthy identity and inner orientation together with others
- Experience and expression of life potentials together with others
- Connection to the wholeness
- Ethical environmental action and ecological awareness of nature

The third field of action describes the construction for *the connection with the basic variables of life*. This means that the human being uses the possibility to connect with the spiritual field ([22] see **Figure 1**) and the affectivity ([23] see **Figure 1**) and to collect own experiences. For this there are different possibilities which can be used to get in touch with spirituality. Here that should be selected, which appeals to humans from its intuition. The goal of contact with spirituality is to promote self-knowledge and inner transformation. It is about enabling an expansion of consciousness, finding inner peace and establishing a deep connection to "being". In order to walk in contact with spirituality, there is no fixed path that must be walked. There are different ways to do it, mostly the contact to a spiritual teacher is offered, who accompanies you on the way of the transformation process.

The fourth area as a field of action for the *development of healthy eco-factors* ([24] see **Figure 1**). These include nutrition, physical activity behavior, the social environment (family, friends, institutions), and social and culture-specific aspects. In the context of RBHT, eco-factors play an important influencing role. Eco-factors describe all factors acting on humans from the outside that have potential to influence personal health and disease development, both from a biological, physiological, and psychological perspective.

In the area of nutrition, the biocentric aspect thereby denotes that the classical findings of healthy nutrition are maintained and, in addition, it is determined via the position of perception how the personal lifestyle and nutritional behavior affect well-being and health. At this point, no specification of specific nutritional styles is given, as this is dependent on the individual and his or her living environment. Basically, it is assumed that all natural foods and a balanced diet has the best effect on human health.

The biocentric aspects are defined in a similar way in the area of movement behavior; here, too, there is no fixed specification of necessary methods of movement behavior, but rather to enable a balance between the intensity levels of movement. By means of the different perception positions, it should be determined how the assessment of the quality of one's own movement behavior turns out and how the proactive action is aligned accordingly.

In the context of social eco-factors (especially in the area of the family), it becomes clear how important autonomy is. Children have a low level of autonomy at the beginning of their lives and are granted more and more autonomy in the course of their development. In this context, it is important that parents, in their role as educators, exemplify the self-image of the SoP and its form of expression for the children and define their personal contact with the SoP. Parents should therefore on the one hand be aware of their role as gatekeepers to the SoP and on the other hand give the children the necessary room for maneuver and the protected environment to approach the SoP. As a recommendation for promoting the SoP in the context of social eco-factors, Stueck (2023a) defines the following steps:

- Integration of the relative Superpositions into the Educational offers
- Promotion of the ability to accept and let go
- Connection to the intuition by giving the possibility of free thinking and connection to the embodiment
- Possibility for free expression of the personal relative truth
- Support in the capture of the possibility space

- Promotion of curiosity and the ability to play

A possibility for the connection with the biocentric core, which follows on from the four fields of action just mentioned, is the work on the biocentric borders (see chapter 2.3.2.2.12). The biocentric borders, which have various causes of origin, always represent demarcation potential of man from life and love. Some of the biocentric borders are shaped by social or cultural developments of mankind and thus appear only in certain social forms or cultural circles. For example, the styles of life limited by some religious orientations and their demarcation from the diversity of aspects of life (rejection of homosexuality, oppression of genders, predefinition of gender identity, discrimination of any otherness, transmission of feelings of guilt, etc.). These society- or culture-specific eco-factors significantly shape the unfolding potentials of the biospoiesis, since they are present over the personal developmental period of a person and can characterize his or her expression of his or her own relative truth. In order to approach this eco-factor from a biocentric point of view, it is useful to become aware of these dependencies and the formation of one's own relative truth and to reflect, observe, experience and evaluate the position of perception. Thereby the questions can help am I satisfied with where I live, how I live and with whom I live.

2.4 Explanations of study-specific health-related parameters

In the following chapters, the theoretical background and interactions to the individual study-specific health-relevant parameters are listed.

2.4.1 *Hypersensitivity and its significance in the context of health psychology*

Hypersensitivity has an important place in the context of relative biocentric health theory because it acts as an indicator of stress experience and, as a consequence, as a biocentric boundary. Hypersensitivity is a modifiable and situation-dependent feature of stimulus perception or processing. In the study used for the present work, the characteristic of hypersensitivity was assessed using the Highly Sensitive Person Scale (E. Aron & Aron, 1997). In addition to this measurement tool of psychological sensitivity, physiological parameters have also been found to elicit hypersensitivity in other studies (Stueck et al., 2019). Since both measurement methods, albeit in different ways, survey this important parameter of biocentric health, some basic information follows first.

In the context of diverse research by Stueck et al. (2019), the construct of physiological hypersensitivity is described (Cf. Stueck, 2005; Balzer & Stueck, 2013; Stueck et al., 2019). The phenomenon of physiological hypersensitivity was discovered in the context of mountain expeditions (Cf. Stueck et al., 2005). It is presented that hypersensitivity acts as an indicator of states of stress and exhaustion, and thus can also increase susceptibility to disease. Sensitivity is thereby subdivided into forms of hypersensitivity, i.e. increased receptivity to sensory stimuli and stimulus processing, hyposensitivity, decreased receptivity and stimulus processing, and normosensitivity. The latter characterizes the resistance or resilience of the person. People who have a vulnerable form of sensitivity (hyper- or hyposensitivity) are therefore more vulnerable emotionally and can develop psychological disorders more easily. The state of sensitivity is fluid and can take place in jumps from hyper- to hyposensitivity. In this description, hypersensitivity tends to be attributed with the short-term phase of experiencing stress, whereas hyposensitivity is attributed with the characteristics of exhaustion.

The explanatory models for the occurrence of hypersensitivity are very different, one assumes that it is a stage model of exhaustion of the organism under stress pressure. This model shows that normosensitivity is related to successful autoregulation. As the stress pressure increases, hypersensitivity occurs, and as the stress continues, the organism jumps to hyposensitive states. The other explanatory model is the vulnerability model of hypersensitivity. The effect mechanism of this model could be based on the relationship between performance, performance output, the degree of sensitivity, and a person's state of arousal or relaxation. At the onset of relaxation, sensitivity may increase without reaching the hypersensitivity range. The negative, vulnerable range is reached only in the presence of stress. After triggering deep relaxation, "shutting down", states of hyposensitivity may again occur. In addition, hyposensitivity can also occur as a result of overuse due to exhaustion or burnout.

- In the context of scientific research on hypersensitivity, the following correlations were found (depicted according to Stueck et al., 2019):
- more frequent hypersensitivity in synesthetes,
- correlations to dysfunctional attitudes (Mueller et al., 2014),
- reduced empathy in hypersensitive teachers (Stueck & Villegas, 2008),
- 90% of those directly affected by earthquake (house loss, death) in Nepal in 2014 were hypersensitive (Stueck et al., 2016),
- Relationship of hyposensitivity and surveyed hypersensitivity responses: Light, noise, odors, pain
- Association of psychomotor hyperactivity (step count) with measured hyper- or hyposensitivity,
- Lower spatial well-being in hypersensitivity,
- Decrease in hypersensitivity with successful summit climb (Stueck, 2015),

Furthermore, it was shown that hypersensitivity could be reduced by Biodanza and by meditation. (Cf. *ibid.*)

In addition to these aspects of physiological hypersensitivity, there is the model of psychological hypersensitivity, which was significantly influenced by the American psychologist Elaine N. Aron. The questionnaire she developed to assess hypersensitivity contains 27 items that are used to measure sensory processing sensitivity, which includes both sensory sensitivity and the associated excitability. The measurement instrument captures a core variable that has been validated in several sub-studies and is considered a measure of high sensory processing sensitivity. The core variable was found to be independent of social introversion or emotionality, which had previously been simplistically summarized in theoretical models. The measurement instrument has been scientifically validated, indicating high internal consistency of (α) .87 and .85 in two independent studies. (Cf. Aron & Aron, 1997)

2.4.2 *Orientation to happiness*

Orientation to happiness describes individual inclinations toward happiness and life satisfaction. It was developed by Peterson, Park, and Seligman in 2005 and is based on positive psychology, a discipline that studies human happiness and well-being (Peterson et al., 2005). The measurability of the orientation to happiness is done by a questionnaire consisting of 18 items which are divided into 3 subscales measuring the "orientation to happiness": "Life of pleasure", "Life of engagement", "Life of meaning". In the present study, a German-language short form of the Orientation to Happiness Questionnaire was used (Ruch et al., 2014), which also depicts the structure of the 3 subscales via 9 items.

The OTH questionnaire is used in research and clinical practice to understand how people find happiness and satisfaction in their lives. The results can help identify individual strengths and weaknesses and develop interventions to promote well-being. The three subscales are not

subject to internal prioritization, but rather the goal should be to find a balance between them and understand how they can contribute to individual life satisfaction.

The reliability of the OTH questionnaire has been confirmed in several studies, with internal consistency values for the three subscales falling within a good range: pleasure ($\alpha = 0.84$), meaning ($\alpha = 0.88$), and engagement ($\alpha = 0.77$). The short form questionnaire of the OTH was also validated and shows a high congruence coefficient between the three factors (.94 - .98), the correlation between the short form and the original questionnaire is also reported to be high ($r = .49$ - $r = .91$) and an acceptable internal consistency is indicated. (Cf. Ruch et al., 2014)

The OTH questionnaire was used as a total sum value in the present study and, together with the Posttraumatic Growth Questionnaire, forms the reference variables for the target variable BG organization. As described in Chapter 2.3.2.2.10, the organizational feature of life is characterized by personal growth (biospoietic jump) due to instabilities lived out/overcome. The concept of the "Orientation to Happiness Scale" is associated here with the outcome of this variable, in the sense of successfully overcoming adverse life circumstances and having an optimistic outlook on life.

2.4.3 Personality traits (Big Five)

As presented at the beginning of the paper (see chapter 2.1), both stress emergence and health emergence are very complex constructs that are shaped by the individuality of people. In this context it seems logical to include the classical styles of personality in the investigation. In the context of the present work, the Big Five Inventory-10 (BFI-10) was used for this purpose as a short form of the psychological measurement instrument of the "Big Five" personality traits. The advantage in the short form is that the five main dimensions can be recorded quickly and efficiently: Openness to Experience, Conscientiousness, Extraversion, Agreeableness, and Neuroticism. The measurement instrument consists of ten items, two for each of the Big Five dimensions. Each item is rated on a 5-point Likert scale ranging from 1 (strongly disagree) to

5 (strongly agree). The development of the BFI-10 was based on the 44-item Big Five Inventory (BFI) of John et al. (1991). (Cf. Rammstedt et al., 2012).

The validity of the BFI-10 has been demonstrated in several large, age-, gender-, and education-heterogeneous samples. The results show good psychometric properties and a clear factor structure corresponding to the Big Five dimensions. (Cf. *ibid.*)

In the present study, the BFI-10 inventory was used to investigate the personality variable as a possible factor influencing assessment, as an anthropocentric mechanism of action. According to the relative biocentric health theory, personality type has an influence effect on the assessment mechanism in the context of situation assessment. (Stueck, 2023a) In addition, research has shown that there is a positive correlational effect on feelings of stress, anxiety, and depression, particularly for the personality trait "neuroticism." (cf. Yusoff, 2018; Rammstedt et al., 2012)

2.4.4 Posttraumatic personal growth

Posttraumatic personal growth (PPG) refers to positive psychological changes that can occur as a result of negative experiences. These positive changes are often described by those affected as experiencing an increase in inner maturity or even finding the meaning of life. The "Posttraumatic personal growth" (PPG) questionnaire was used in the present study to capture these dimensions. It is used to assess personal maturation after traumatic events and was developed by Tedeschi and Calhoun (1996). The PPG questionnaire consists of 21 items and includes five subscales: "New Opportunities," "Relationships with Others," "Personal Strengths," "Appreciation of Life," and "Religious Changes."

The items of the PPG questionnaire are rated on a 6-point Likert scale. The internal consistency of the PPG questionnaire is good, ranging from (α) .67 to .85 for the different subscales. Test-retest reliability was collected over a period of two months and shows acceptable values, ranging from $r = 0.65$ to $r = 0.74$ for the individual subscales, except for

"Personal Strengths" ($r = 0.37$) and "Appreciation of Life" ($r = 0.47$). (Cf. Maercker & Langner, 2001)

In the context of the present work, the PPG questionnaire was used to represent, together with the OTH Scale (see 2.4.2), the outcome variable of the BG organization, which, in terms of the relative biocentric health theory, describes the holographic feature of life in the context of the "organization" (see 0). In this context, the PPR questionnaire represents the biospoietic jump already made and its positive effects on the individual.

2.4.5 Disease processing

The "Questionnaire on Disease Processing (FKV¹⁰)" is a measurement instrument developed to assess individual disease processing/coping mechanisms in patients with acute or chronic diseases. The theoretical basis of the questionnaire is based on the transactional stress model of Lazarus (see chapter 2.1.2). The original version of the FKV with 102 items was developed by Muthny (1989). However, since this form was very extensive, shortened forms became established, such as the FKV-15 (Hardt et al., 2003), which was used in the context of the present work.

The FKV-15 consists of 15 items that capture different coping behaviors and are aggregated into 5 scale scores. The measurement instrument is structured in such a way that the subjects give their personal agreement with various statements on a 5-point Likert scale.

Reliability (α) varies between 0.54 and 0.76 depending on the scale, indicating acceptable to good internal consistency. Both content validity and convergent validity are described as given in the documentation for the measurement instrument. It is concluded that despite some psychometric limitations, the FKV-15, especially in its revised form, may be useful for scientific studies of illness-related coping.

¹⁰ FKV is a German shortcut with the name of the questionnaire: "Freiburger Fragebogen zur Krankheitsverarbeitung [Freiburger Questionnaire for disease processing]"

For the study of the present work, the FKV questionnaire was used to represent coping ability. From the content point of view and the theoretical basis of the measurement instrument, it is most suitable for this positioning. The coping variable was calculated in addition with the variable "ability to switch off" (see **Table 4**).

2.4.6 Locus of control

The locus of control describes a construct in personality psychology that deals with the cause of situations and their outcome. The construct goes back to the attribution theory of Rotter (1966). The locus of control is used to describe whether a person believes that the occurrence of an event falls within his or her internal sphere of influence or whether there is an external force that does not appear to be influenceable. Especially in combination with the transactional stress model (see chapter 2.1.2) the importance of the locus of control becomes clear, since the evaluation of the situation includes a review of one's own resources and possibilities for action. In the context of the present work, a special form of the locus of control was used by applying a further development of the basic theory specifically to the topic area of illness processing, the so-called "Questionnaire for the Survey of Control Beliefs about Illness and Health" (KKG) is a standardized measurement instrument based on the Anglo-American procedure for the survey of illness- and health-related control beliefs, in particular on the multidimensional "Health Locus of Control (MHLC) Scale" by Wallston et al. (1978).

The concept of control beliefs was originally introduced by Rotter (1966) as a unidimensional concept and later extended by Levenson (1974) to a three-dimensional concept that distinguishes not only internality but also two external control beliefs: the fatalistic externality and the social externality. The three-dimensional structure of the concept of control beliefs was adopted in the questionnaire. (Cf. Lohaus & Schmitt, 2016).

The reliability of the questionnaire was confirmed by calculating the retest reliability and internal consistency for the three subscales. The retest reliability is between $r=.66$ and $r=.78$,

and the internal consistencies are between $\alpha=.64$ and $\alpha=.77$. The construct validity results from intercorrelation of the subscales and factorization.

In the present study, the concept of locus of control was assigned to the domain of situational and habitual influence factors and stands there as an independent variable (see Table 4).

2.4.7 Chronotype & Time-structure

The consideration of chronotypes and the of the perceived time structures are of relevance in the context of the present insofar as they are of relevance especially in the context of chrono-bio-psychological chrono-bio-psychological regulation diagnostics, they have made an essential contribution to the measurability and to the discovery of the holographic expressions of life. The chronotype describes the personal preference of the performance of a depending on the time of the day, so there are people whose performance periods are lie rather in the morning, in the evening or in a mixed form. Both the chronotype as well as the investigation of the time structures of humans serve as indicator connection to life and to the natural environment, since the latter is regarded as an important is considered. (cf. Stueck et al., 2019)

For this reason, the questions on chronotype and time structures were assigned to the area of biocentric influencing factors, specifically to the characteristic "process of life".

2.4.8 Peritraumatic Distress

Peritraumatic distress is the stress experienced by victims during or immediately after a trauma. Typically, it is characterized by intense fear, but also helplessness or horror, as well as the occurrence of numerous unpleasant emotions.

The Peritraumatic Distress Inventory (PDI) is a measurement instrument developed by Brunet et al. (2001) to assess emotional and physiological distress during and/or immediately after a traumatic event. It is closely related to the development and severity of post-traumatic stress disorder (PTSD). In the present work, the German translation of the PDI (Maercker, 2002) was used, which differs from the original only in linguistic aspects.

The questionnaire contains 13 items which are rated on a five-point Likert scale regarding personal agreement. The items are summed up and thus provide an indicator of the stress perceived by the respondents during or immediately after a trauma.

The PDI showed a good internal consistency in one study with a Cronbach's alpha of $\alpha=.83$. Due to the importance of the content of the PDI questionnaire and its signs of stress perception, it was assigned to the biocentric boundary in the present study, since the traumatic events with their individual forms of expression can be interpreted as an indicator of separation from life.

2.4.9 *Inside- and Outsideorientation*

The concept of inner and outer orientation describes the way people perceive and direct their personal focus. This means that people with a higher form of inner orientation basically have a strong connection to themselves and can feel well inside themselves. People who indicate a high external orientation are in turn characterized by placing great value on what other people think of them or how they are judged by them. Stueck (2021) describes inner orientation as a positive stress consequence whereas outer orientation is a negative stress consequence. In this paper, inner-orientation has been considered as a characteristic of the process of life as it is seen as an important skill that represents "flow" by blocking out other people's evaluations and expectations.

2.4.10 *Anxiety Management Types*

Anxiety coping styles characterize a calculated variable according to the "repressor-sensitizer construct" of Byrne (1961) and Krohne (1986). This construct examines two variables, TRAIT anxiety and social desirability, which when combined yield four cognitive styles of anxiety coping (see Table 1).

Table 1 Cognitive styles of dealing with threatening situations (according to Mueller-Haugk & Stueck, 2022)

Variables	Defensive Avoidance of Unpleasant Emotions		
	Low		High
	Non-Defensive, flexible, situation-adaptive Mode Repressor, consistent-avoidant mode		
Low	High tolerance for emotional arousal and uncertainty, situation-adaptive processing of threatening information		Low tolerance for emotional arousal and a high tolerance for uncertainty, no absorption of threatening information (low vigilance, cognitive avoider)
Anxiety Trait	Sensitizer, rigidly, monitoring mode Highly anxious, inconsistent mode		
High	High tolerance for emotional arousal and a low tolerance for uncertainty, high absorption of threatening information (high vigilance, cognitive sensitizer)		Either low tolerance for emotional arousal and or for uncertainty, very inconsistent processing of threatening information, inconsistent, unpredictable, and emotion-driven behavior.

Anxiety coping types are created by measuring a person's anxiety as an enduring personality trait (Zeidner & Matthews, 2016) on the one hand, and their tendency to defensively avoid unpleasant emotions via the construct of social desirability on the other. (Cf. Grimm, 2013) To measure trait anxiety, the scale developed by Grimm (2009) is used, and social desirability is assessed using the questionnaire by Kemper et al. (2012). In the study of Mueller-Haugk & Stueck (2022), health-relevant effects of the anxiety coping style were found. The types "Sensitizer", "Repressor" and "Highly-Anxious" are classified as negative forms of anxiety coping, whereby in the research primarily for the types "Sensitizer" and "Highly-Anxious" negative effects on health variables could be found. (Cf. *ibid.*)

The anxiety coping types were assigned to the area of the biocentric borders in the context of the investigation for the present work.

2.4.11 Self-efficacy

The concept of self-efficacy goes back to Bandura (1977) and is an important aspect in the context of coping in stressful situations. Self-efficacy means that a person is subjectively

convinced that he or she is able to deal with the situation (which could trigger stress) and the associated consequences. Self-efficacy is considered to be a very important coping factor, for example, a study by Gultom and Batubara (2022) in patients with diabetes mellitus showed that when self-efficacy training was carried out, the value of self-efficacy could be significantly increased and at the same time the average perceived stress value of the subjects significantly decreased after the training. The positive effect of self-efficacy in athletes was also found in the study by Guo et al. (2019), in that athletes with higher self-efficacy scores showed better coping ability with stress.

In the context of the study on which the present work is based, self-efficacy was surveyed via a single item and assigned to the area of resources.

2.4.12 Overstress reactions

Overload reactions are body reactions with mostly pathogenic properties that occur as a result of acute or chronic stress phases. These overload reactions are caused by the activation of stress hormones such as CRH, ACTH, adrenaline and cortisol. The extent of the overload reaction depends on the duration and intensity of the stressor acting on the organism. Normally, the stress hormones in the body are depleted, but if the stressor is not removed, the level of cortisol in the organism remains constantly high and leads to long-lasting negative symptoms. The overstress reactions can be divided into muscular, emotional, cognitive, physical, and behavioral. The overload reactions serve as the first signs and warning signals of the pathogenic potential of prolonged periods of stress. (cf. Yaribeygi et al., 2017) Furthermore, since they negatively affect the well-being of individuals and thus, according to the transactional stress model, affect future appraisal processes and review of available resources, the overload reactions were assigned to the area of reactions in the present study and were asked about via individual items.

2.4.13 *Sense of Coherence*

The Sense of Coherence Scale (SOC) was developed by Antonovsky and consists of 29 items (SOC-29). It measures the sense of coherence, which is described as "a global orientation expressing the extent to which one has a generalized, enduring, and dynamic sense of confidence that one's internal and external environment is predictable and that there is a high probability that things will turn out as one might reasonably expect." (Antonovsky, 1979, p. 123; translation by Becker, 1997, p. 10)

According to Antonovsky, the sense of coherence is composed of three interrelated components:

- **Comprehensibility:** refers to the extent to which stimuli, events, or developments are perceived as structured, orderly, and predictable.
- **Manageability:** the attitude of a person that one has all the resources to cope with the requirements.
- **Meaningfulness:** the attitude the own life has a meaning and to believe it's worth to take the challenge

For the economic measurement of the Sense of Coherence, the Leipzig Short Scale (SOC-L9) was used in the context of the present study, which only requires 9 items. The internal consistency of the short scale is given as (α) .87, the discriminatory power of the individual items ranged from $r=.56$ to $r=.68$. (Cf. Schumacher et al., 2000).

For the present work, the Sense of Coherence was assigned to the resources, since it is consistent with the theoretical basis of the measurement instrument. The Sense of Coherence Scale was supplemented in the resource category by the variable of self-efficacy.

2.5 Emotions in the context of biopsychosocial stress

Emotions play a very important role in stress processing. In the context of the biopsychosocial stress model, it is described how the experience of emotions is accompanied by the appearance of stress hormones (cf. Schröder, 1992). During the experience of stress, adrenocorticotrophic hormone is released, as well as cortisol and catecholamines, which are associated with feelings of depression, helplessness, or a sense of threat. This can lead to a so-called "Sisyphus Syndrome", in which a constant oscillation between the feelings of hope and resignation takes place (cf. Stueck, 2021). Since the expression of emotions is an important indicator in the context of stress perception and health development, various emotions were included as individual items in the present work, these can be viewed in **Table 4 Variable plan**. (cf. Vikan, 2017)

3 Research Questions

Research Question 1 What is the effect of the different forms of self-regulatory pre-experience on the target variables of anthropocentric and biocentric health?

Research Question 2 Which variables have the strongest effect on the target variables of anthropocentric and biocentric health considering self-regulatory pre-experience and confounder variables?

Research Question 3 Which variables in the relative biocentric health theory model have the strongest effect on the target variables of anthropocentric and biocentric health, excluding the self-regulatory pre-experience?

Research Question 4 What deductions & recommendations for action related to the establishment or maintenance of anthropocentric health & biocentric health can be made from the results of the study.

4 Methodological Procedure

4.1 Methodological Procedure for the different research questions

4.1.1 Investigation plan, sampling plan and schedule

For the investigation of the questions, the phase of the first lockdown in Germany was examined in the period from 27.03.2020 to 10.05.2020. There were the Experimental Group 1 (EG 1), consisting of subjects with previous experience in sports activities, the second Experimental Group (EG 2), with previous experience of yoga/meditation and biodanza, the third Experimental Group (EG 3), consisting of subjects with previous experience in a spiritual community and finally the Control Group, consisting of subjects without any previous experience (CG 1) see **Table 2**. To ensure a better effect estimation, mixed types performing both yoga/meditation and biodanza combined with sports ($n = 114$) were removed from the total sample.

Table 2 Examination and sampling plan¹¹

	t1 (27.03.2020- 10.05.2020)	Age		Gender	
		M	SD	Male (n)	Female (n)
EG 1	n = 129	43,72	12,67	29	55
EG 2	n = 36	48,28	11,05	10	14
EG 3	n = 33	47,91	12,90	5	16
CG 1	n = 93	43,19	13,07	9	54

Table 2 shows the numbers of subjects per experimental group and control group, as well as the average age and gender distribution. The groups of the study are homogeneous according to the age distribution ($p \geq 0.05$).

The study period started already 10 days after the beginning of the corona-induced lockdown in Germany (from 27.03.2020 to 10.05.2020). It is a peculiarity of this study that the complexity of the present psychological variables could be collected so soon after the start of the lockdown. The prompt start of the investigation ensured that a relatively valid investigation situation was present, since it was new for all subjects. As a result, the subjects' ability to adapt

¹¹ Missing data for age and gender are due to responses not given.

to this completely new situation and the associated reactions and negative stress consequences of the model, including coping skills and resources, as well as the effect on the outcome variable, could be investigated. An online survey was applied as a cross-sectional study whereby the acquisition of study participants was done through different media channels (website, social media, press, radio). Randomized sampling was not possible because we did not have representative address or name registers available. Subjects from all 16 German states participated in the study (see Table 3).

Table 3 Frequency distribution of participation per state in Germany

State	Number of Participants (n)
Baden-Wuerttemberg	11
Bavaria	25
Berlin	4
Brandenburg	3
Bremen	1
Hamburg	3
Hesse	9
Mecklenburg-Western Pomerania	4
Lower Saxony	17
North Rhine-Westphalia	35
Rhineland-Palatinate	7
Saarland	1
Saxony	202
Saxony-Anhalt	21
Schleswig-Holstein	7
Thuringia	21

4.1.2 Variable plan and Methods of Data collection

Regarding the variables for the investigation of the research questions 1-3, different types of variables were collected and clustered to refer to specific positions in the model of the relative biocentric health theory. According to the research questions, five outcome variables (see position 11 and 12 in Table 4) and one grouping variable (see position 3 in Table 4) was created. All other variables were defined as possible Confounder variables. The position (reference points) of the variables in the model are shown in Figure 3 and are listed in the first column of the variable plan. In the second column the name and ID of the variable is listed. The third column of the variable plan shows the survey instruments or the items with which the variables

were measured. These are standardized measurement instruments, semantic differentials (Likert-scales) and self-developed questions (e.g. chronotype).

The different biocentric outcome variables has been created related to the relative biocentric health theory without any standardized procedure due to the fact, that there has never been a study which tried to operationalize the biocentric health. So, for this explorative analysis self-calculated outcome variables, with theoretical connection to the RBHT, has been used. The biocentric influencing factors (see position 4 in Table 4) include the structure of the biocentric outcome variable of the model. This is justified in the quantum psychological perspective, that the outcome variables are also affecting the beginning of the model (see Chapter 2.3.1.4). The biocentric influencing factors were used in the statistical calculation as possible confounder variables.

The outcome variable „BG-Structure” (in the meaning of connection) was created by summing the three aspects of “relationship with myself”, “relationship with others” and “relationship with nature”.

The outcome variable “BG-Organisation” (in the meaning of biospoietic jumps) was created by summing the total value of the “posttraumatic personal growth inventory” and the total value of the “orientation to happiness scale”.

“BG-Process” as an outcome variable for symbolizing the flow, rhythm and synchronization was created by summing up the variables: “inside-outside orientation”, the “ability to accept”, “courage”, “trust” and “fast_slow”. The variable representing the “protective mechanism” was subtracted from the total value, because in relation to the relative biocentric health theory, it is necessary to get into instabilities to create the possibility for biospoietic jumps. The “protective mechanism” represents the personal tend to stay in comfort zones and hiding from instabilities.

The last outcome variable for biocentric health is the “BG-Source” which represents the connection to the biocentric core, the affectivity and spirituality. Therefore it was created by

summing up the following variables: “Presence”, “Harmony”, “Spirituality”, “Affectivity” and “Peaceful”.

The anthropocentric outcome variable “C2_Health” is represented by a single item question where the participants should evaluate their personal health level.

The following variables are marked for the position in the context of the relative biocentric health theory. The showed model in **Figure 3** has red numbers to represent the position of the different variables.

Figure 3 Relative Biocentric Health Theory in Pandemics, with marked position of the Variables (Stueck, 2023a)

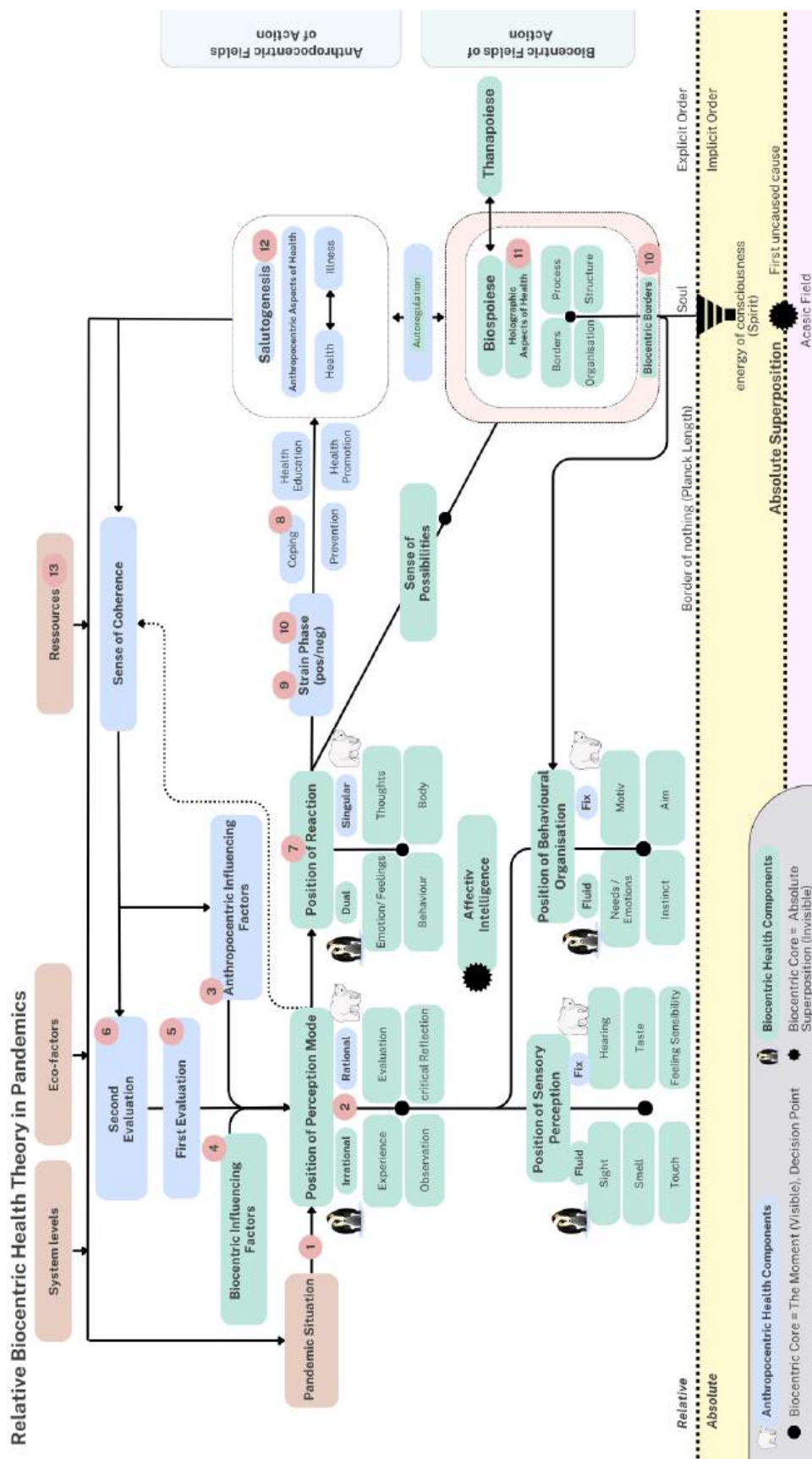


Table 4 Variable plan

Position in the relative biocentric health theory model	Name of the Variable / ID	Instrument of measurement / Structure of the question
1 Pandemic Situation (Perception of the Situation)	Burden / B_Burden	Self-made Likert Scale / (Q): „Do you feel the situation in relation to the coronavirus in everyday life as a burden?“ (R): 1= not at all 10= a lot
2 relative Superposition (Icebear - Penguin)	Rationality / Ratio	Calculated variable of the total value from two semantic differential questions / (Q): “How do you assess your life in the current situation?” (R): 1=rational 7=instinctive + 1=uncontrolled 7=self-controlled
3 (Habitual & Situational Factors) Anthropocentric Influencing Factors	Control beliefs about health and illness (Lohaus & Schmitt, 2016)	Questionnaire for the survey of control beliefs about health & illness/ 3 Subscales: Internality Social Externality Fatalistic Externality
	Personality Types (Big Five) (Rammstedt et al., 2012)	Big Five Inventory short (BFI-10) / 5 Subscales Extraversion (BF_Extrav) Neuroticism (BF_Neuro) Openness (BF_Op) Conscientiousness (BF_Con) Compatibility (BF_Comp)
	Physical Activity / A_C.Sport	Self-made Categorical Question / (Q): Do you exercise during Corona time? Categories (C): 1 I do less sports; 2 I do as much sport; 3 I do more sports
	Age & Gender	No specific Scale or Measurement
	Body Mass Index (BMI)	Body-Mass-Index self calculated with weight and height
	Region of residence	Categorical Question / (Q) Do you live urban or rural?
	Self-regulative pre-experience	Self-made Variable according to the categorical Variables of movement-oriented pre-experience
	COVID-Symptoms	Self-made Questionnaire to indicate physical symptoms suggestive of COVID 19 infection (Sweating, shortness of breath, diarrhea, dizziness)
4 Biocentric Influencing Factors	Selfesteem / SD_selfesteem	Semantic Differential (Likert Scale) / (Q): “How do you assess your life in the current situation?” (R): 1=inferior 7=highly self valued
	Chronotype	Self-made Categorical Scale / (Q): “Are you more of a morning or evening person?” (R): 1 Morning-Type; 2 Mix-Type; 3 Evening-Type

5 First Evaluation	Time structure	Self-made Categorical Question/ (Q): “Has the time structure of your day changed?” (R): 1 yes; 2 no
	Faith	Self-made Likert Scale / (Q): „Finding comfort in religious faith“ (R): 1= Does not apply at all 5= applies very strongly
	Honesty (C. Kemper et al., 2012)	Self-calculated Variable by using the Subscales from the social desirability Questionnaire: Understatement of negative aspects & Exaggeration of positive aspects
	Relationship to myself	Self-made Likert-Question/ (Q): “I am blissfully happy and in complete harmony with myself and my environment“ (R): 1= not at all; 5= fully applies
	Perception of the situation as a threat	Self-made Likert-Question / (Q): „Do you perceive the situation regarding the coronavirus as a threat?“ (R): 1= not at all; 10= a lot
	Quantitative overload / underload	Self-made Likert-Question / (Q): „I feel quantitatively overburdened or underburdened by the tasks in my daily life in the current situation.“ (R): 1= not at all; 10= a lot
	Perception frustration & anger	Self-made Likert-Question / (Q): “I felt frustrated/ angry not being able to do more” (R): 1= not at all; 10= a lot
	Perception of luck	Self-made Likert-Question / (Q): “I’m happy” (R): 1= not at all; 10= a lot
	Perception of challenge	Self-made Likert-Question / (Q): “Do you feel that the situation regarding the coronavirus is a challenge?” (R): 1= not at all; 10= a lot
	Curiosity	Self-made Likert-Question / (Q): “I keep an interest in many things.” (R): 1= not at all; 10= a lot
6 Second Evaluation	Testing new coping methods	Self-made Categorical-Question / (Q): “Have you tried any new coping methods in the current situation (e.g., relaxation music)?” (R): 0= no; 1= yes
7 Reactions (Strain-Phase)	Behavioral Strain reactions	
	Sleeping difficulties	Self-calculated Variable to summarize sleeping difficulties
	Sleeping duration	Self-made Categorical-Question / (Q): “In your opinion, do you sleep too little since the coronavirus?” (R): 1=no; 2=sometimes; 3=yes
	Urge to move	Self-made Likert-Question / (Q): “How was your urge to exercise during the time you had to stay at home?” (R): 1= little; 6= huge
	Cognitive Strain reactions	

8 Coping

Circle of Thoughts	Self-made Likert-Question / (Q): “Unimportant thoughts run through my head and weigh me down” (R): 1= almost never; 8= almost every time
Emotional Strain reaction	
Anxiety / D18_Anxiety	Self-made Categorical Question / (Q): “How has the experience of the emotion changed since Corona began?” (C): 1= not at all ; 2= very variable ; 3= increased; 4= decreased
Sadness / D18_Sadness	Self-made Categorical Question / (Q): “How has the experience of the emotion changed since Corona began?” (C): 1= not at all ; 2= very variable ; 3= increased; 4= decreased
Anger / D18_Ang	Self-made Categorical Question / (Q): “How has the experience of the emotion changed since Corona began?” (C): 1= not at all ; 2= very variable ; 3= increased; 4= decreased
Aggressivity /D18_Aggr	Self-made Categorical Question / (Q): “How has the experience of the emotion changed since Corona began?” (C): 1= not at all ; 2= very variable ; 3= increased; 4= decreased
Hope & Resignation / D18_HopeRes	Self-made Categorical Question / (Q): “How has the experience of the emotion changed since Corona began?” (C): 1= not at all ; 2= very variable ; 3= increased; 4= decreased
Negative Emotions	Self-calculated Variable for the occurrence of negative emotions in the last 7 days
Physical Strain reactions	
Immune system quality	Self-made Likert-Question / (Q): “How do you rate your immune system in general?” (R): 1= Very vulnerable; 8= less vulnerable
Disease-related Coping (Disease Management) / FKV (Hardt et al., 2003)	Standardized short-form questionnaire with 5 subscales / (R): 1= not at all ; 5= a lot Subscales: Depressive Processing (Depress.Proc.) Active problem oriented coping (Active_prob.Coping) Distraction & Selfbuild (Distr.& Self-build) Religiosity & Search for meaning (Relig. & Meaning) Trivilization & wishful thinking (Triv & wishthink.)
Ability to switch off	Self-made Likert-Question / (Q): “How did you manage to switch off in moments

9 positive Strain consequences	Optimism	of calm in the current situation?” (R): 1= without problems; 10= with huge problems Self-made Likert-Question / (Q): “Are you optimistic about solving this crisis?” (R): 1= very pessimistic; 10= very optimistic
	Wellbeing	Self-made Likert-Question / (Q): “How would you rate your level of wellbeing in general?” (R): 1= not well at all; 10= very well
10 Negative Strain consequences	Stress / B_Relax.Burden	Self-made Likert-Question / (Q): “What is your personal average ratio of relaxation to stress times in this situation?” (R): 1= only relaxation; 10=only stress
	Hyper-/Hyposensitivity (E. N. Aron & Aron, 1997)	Standardized Questionnaire for Hypersensitivity
	Frustration_1	Self-made Categorical Question / (Q): “How has the experience of the emotion changed since Corona began?” (C): 1= not at all ; 2= very variable ; 3= increased; 4= decreased
	Frustration_2	Self-made Likert-Question / (Q): “How intense was this perception in the last 7 days?” (R): 1= less; 7= a lot
	Fatigue	Self-made Likert-Question / (Q): “How quickly do you get tired?” (R): 1= almost never; 10= almost everytime
Biocentric Borders	Monotonie	Self-made Likert-Question / (Q): “Would you describe the current situation as monotonous?” (R): 1= very versatile; 10= very montone
	Traumatic Border (Brunet et al., 2001)	Standardized Questionnaire (Total value used)
	Ego-Border (-)	Semantic Differential (Likert Scale) / (Q):” How do you assess your life in the current situation?” (R): 1=self-centered 7=spiritual, transcendent
	Autonomy-Border (-)	Semantic Differential (Likert Scale) / (Q):” How do you assess your life in the current situation?” (R): 1=external determined 7=autonomous
	Relaxation Border (-)	Self-made Likert-Question / (Q): “I'm relaxed, I don't let stress get to me.” (R): 1= not at all; 5= fully applies
	Cognitive Border	Self-calculated total value Variable with the two following questions: „I felt guilty that more was not done.“ „I was ashamed of my emotional reaction.“ (R): 2= not at all; 10=fully applies

11 Biocentric Aspects of Health

Structure = Connection
/ **BG-Structure**

Cognitive Anxiety Border
(Krohne, 1986)

Standardized Questionnaire for the
Anxiety-Management-Types with four
different Types: Non-Defensive,
Sensitizer, Represser and Highly-Anxious

Relationship with myself
Variable

Ability to enjoy

Instrument of measurement / Structure
of the question

Self-made Likert-Question / (Q): “How
much do you agree with this statement?
For me, a good life means a comfortable
life.” (R): 1= not at all; 5= absolutely
more

Relationship with others
Variable

Love & Empathy

Instrument of measurement / Structure
of the question

Single Item Question / (Q): “How has the
experience of the emotion changed since
Corona began?” (R): 1= decreased; 4=
increased;

Connectivity

Single-Item Question / (Q): “I developed
a sense of connection with others“ (R): 1=
not at all; 6= fully applies

Attention

Single-Item Question / (Q): “I learned to
listen more attentively when others spoke
to me“ (R): 1= not at all; 6= fully applies

Physical Contact

Single-Item Question / (Q): “I miss the
physical contact with other people“ (R):
1= not at all; 5= fully applies

Relationship with nature
Variable

Contact to nature

Instrument of measurement / Structure
of the question

Single-Item Question / (Q): “Nature
appeals much more to my senses. “ (R):
1= not at all; 6= fully applies

Organisation = Biospoietic
jumps
/ **BG-Organisation**

Posttraumatic Personal Growth
(Tedeschi & Calhoun, 1996)

Standardized Questionnaire to evaluated
the personal growth after traumatic
events. The total value was used for this
study.

Orientation to happiness
(Ruch et al., 2014)

Standardized Questionnaire to evaluated
the personal orientation to happiness. The
total value was used for this study.

Process = Flow
/ **BG-Process**

Inside- Outside Orientation

Semantic Differential (Likert Scale) / (Q): “
How do you assess your life in the current
situation?” (R): 1= Outside-Orientation 7=
Inside-Orientation

Ability to accept

Single-Item Question / (Q): “I am more
able to accept the twists and turns that
things take “ (R): 1= not at all; 6= fully
applies

Source = Biocentric Core / BG-Source	Courage	Single-Item Question / (Q): “I encourage myself“ (R): 1= not at all; 5= fully applies
	Trust	Semantic Differential (Likert Scale) /(Q):” How do you assess your life in the current situation?” (R):1= Distrust 7= Trust
	Protective Mechanisms (-)	Single-Item Question / (Q): “I perceived myself as very cautious, attentive, or bright-eyed “ (R): 1= not at all; 4= fully applies
	Fast_Slow	Semantic Differential (Likert Scale) /(Q):” How do you assess your life in the current situation?” (R):1= fast 7= slow
	Presence	Single-Item Question / (Q): “I am more present and listen more attentively “ (R): 1= not at all; 6= fully applies
	Harmony	Semantic Differential (Likert Scale) /(Q):” How do you assess your life in the current situation?” (R):1= disharmonic 7= harmonic
	Spirituality	Single-Item Question / (Q): “I have a stronger religious or spiritual belief “ (R): 1= not at all; 5= fully applies
	Affectivity	Semantic Differential (Likert Scale) /(Q):” How do you assess your life in the current situation?” (R):1= distressed 7= loving
	Peaceful	Semantic Differential (Likert Scale) /(Q):” How do you assess your life in the current situation?” (R):1= aggressive 7= peaceful
	Health	Single-Item Question / (Q): “How would you rate your level of health in general? “ (R): 1= very sick; 10= very healthy
12 Salutogenesis / C2_Health		
13 Ressources	Self-efficacy	Single-Item Question / (Q): “I can rely on my skills “ (R): 1= not at all; 5= fully applies
	Sense of Coherence (Schumacher et al., 2000)	Standardized Questionnaire short form to measure the sense of coherence. The total value and the 3 subscales were used in this study. SoC_Comprehensibility, SoC_Manageability, SoC_Meaningfulness

4.1.3 Methods of Dataanalysis

The study is designed as an explorative study. That is, the results will, if ever, create hypotheses. The overall significance level for two-tailed testing is 5%. Data preparation and descriptive statistics were performed by SPSS, version 29. All other analyses and generation of

graphs is done by means of the free statistical software R¹² including the packages *foreign*, *dplyr*, *penalized* (Goeman, 2009) and *openxlsx*.

The cohort was subdivided into four mutually disjunct classes: 1. People who exclusively engaged in sports before the Corona pandemic (n=129), 2. subjects who performed Yoga, Meditation or Biodanza (n=36), 3. people who are members of a spiritual community (Yoga community) (n=33) and 4. the control group consisting of persons who could not be classified in any of these three groups (n=93). 114 probands who performed Yoga / Meditation or Biodanza inclusive sports were excluded from the analysis to get better effect estimates. People who performed in a spiritual community and in addition in sports, Yoga/Meditation or Biodanza were still added to the spiritual community group due to the fact, that the intensity of self-regulatory actions is way higher in the spiritual community. From the total 405 participants of this study, 291 could be included to investigate the research questions 1 and 2. For answering the research question 3 it was possible to use the whole dataset from the 405 participants, as long as they answered all necessary questions.

4.1.3.1 Specific Methods for Dataanalysis related to research question 1

For the analysis according to the research question 1, simple linear models for one of the five target variables were fitted, dependent from one of the Groups 1. - 3. vs. the control group and raw effects were estimated. This is completed by analogous analyses of variances (ANOVA) models with all four groups. R squared was calculated to evaluate the quality of the models. It is the fraction of the variation of the target variable that is explained by group variable. Partial omega squared was calculated by means using a specific R script¹³.

4.1.3.2 Specific Methods for Dataanalysis related to research question 2 and 3

In preparation for the research question 2 and 3 the associations between the five target variables were checked by calculating bivariate correlations and plotted the variables in a

¹² R Core Team. A Language and Environment for Statistical Computing, R Foundation for Statistical Computing, Vienna, Austria 2022, <https://www.R-project.org/>

¹³ <https://stats.stackexchange.com/questions/2962/omega-squared-for-measure-of-effect-in-r>

scatterplot matrix (see appendix 8.4). The previously unknown information that BG-Structure and BG-Organisation is highly associated ($R = 0.85$)¹⁴ led to the insight that both variables may not be simultaneously included into one model.

The principal aim was to explore with which variables of the very complex model the target variable is multiply linear associated besides the groups. Stepwise procedures were out of question because of the drawbacks of this method (Smith, 2018). Instead, the LASSO regression (least absolute shrinkage and selection operator) (Tibshirani, 1996) was used. This algorithm standardizes continuous variables and generates binary dummies for categorical variables with more than 2 levels. Then, the algorithm shrinks coefficients, the larger the tuning parameter λ is the more to zero. λ was chosen in such a way that about four independent variables will be left over. This analysis answers the question: How strong is the target variable associated with the group variable adjusted by relevant confounders. The effects of variables with non-zero coefficients are estimated in a multiple linear model basing on a much greater sample. R squared was calculated to evaluate the model. Further, partial omega squared was determined to weigh the importance of the independent variables. The more popular partial eta squared is less appropriate due to the upward bias (Olejnik & Algina, 2003; Okada, 2013). To analyze the research question 3, again, the Lasso algorithm - without the group variable – was used. The procedure is analogous to the above-described way.

4.2 Methods for research question 4

Regarding research question 4, practical recommendations for action were developed from the results of questions 1, 2 and 3, which can lead to better coping (anthropocentric) or biocentric growth after pandemic situation. This research question was not answered with any specific statistical analysis or survey method. It is a theoretical derivation from the results of the research questions 1, 2, and 3. This derivation is made in the discussion of question 4.

¹⁴ See Appendix 8.4

4.3 Evaluation criteria for answering research question 1

An effect for investigating the research question 1 occurs, when the condition of significance¹⁵ is present.

4.4 Evaluation criteria for answering research question 2 and 3

The LASSO method is a special statistical procedure for the statistical development of complex models and their exploratory investigation. In the current study, the assessment of statistically meaningful effects is based on the following four parameters:

- Significance (p-Value),
- Explained Variation (r-squared), for the present study we assume that a value of $R^2 \geq 0.4$ as a statistical relevance.
- Effect-size (Partial omega squared), is used to compare the effect of the single variables included in the specific LASSO Models, due to the complexity of the statistical process it is not recommended to compare the effect-size values from different LASSO Models.
- LASSO coefficient, this coefficient captures the value of the increase or decrease on the scale of the outcome variable when the confounder is increased by the value 1. Since the value of 1 is relative to the scale width, the problem arises that comparability among the individual outcome variables does not exist because they have different overall score ranks¹⁶. In order to enable the comparability of the individual coefficients, the percentage changes of the coefficient on the total score range of the outcome variable were determined by means of a rescaling

¹⁵ $p \leq 0.01$ highly significant; $p \leq 0.05$ significant; $p \leq 0.10$ statistical trend

¹⁶ C2_Health (1 – 10); BG-Structure (6 – 33); BG-Organisation (39 – 216); BG-Process (4 – 27); BG-Source (4 – 25)

procedure¹⁷. The resulting percentage value is used to support the interpretation of the results.

¹⁷ see Stueck (2011)

5 Results

5.1 Results regarding research question 1

The results regarding research question 1 were completed by using the ANOVA model and are presented in Table 5.

Table 5 Results of movement-oriented pre-experience towards the health-related outcome variables (ANOVA)

Target variable	Group	Estimate	95% confidence interval		p	R ²
C2_Health	(Intercept)	7.84	7.5	8.18	0.00	0.005
	EG1	0.12	-0.33	0.56	0.60	
	EG2	-0.2	-0.84	0.44	0.54	
	EG3	0.16	-0.5	0.82	0.62	
BG-Structure	(Intercept)	14.7	13.6	15.9	0.00	0.01
	EG1	0.74	-0.84	2.32	0.35	
	EG2	1.88	-0.37	4.13	0.096	
	EG3	-0.15	-2.8	2.5	0.91	
BG-Organisation	(Intercept)	84.8	77.4	92.2	0.00	0.02
	EG1	2.67	-7.1	12.4	0.59	
	EG2	16.1	1.75	30.4	0.026	
	EG3	8.71	-6.21	23.6	0.24	
BG-Process	(Intercept)	18.2	17.4	19.1	0.00	0.04
	EG1	-0.18	-1.3	0.94	0.75	
	EG2	2.5	0.85	4.14	0.003	
	EG3	0.84	-0.82	2.5	0.31	
BG-Source	(Intercept)	14.6	13.9	15.4	0.00	0.002
	EG1	0.1	-0.88	1.08	0.84	
	EG2	0.21	-1.23	1.65	0.77	
	EG3	0.5	-0.99	1.99	0.51	

The results in Table 5 show significant effects for the EG 2 (Yoga/Meditation and Biodanza) compared to the CG1 (no self-regulatory pre-experience) according to the target variables “BG-Organisation” and “BG-Process” ($p < .05$).

Additional to that, the EG 2 has a statistical trend towards the target variable “BG-Structure” ($p = .096$). The other experimental groups do not show any significant effect compared to the control group according to the target variables of anthropocentric and biocentric health. In Table 6 the single values for EG 2 according to the target variables are listed with the specific value of explained variation (R^2). For the significant results to the target variable “BG-

Organisation” the value of explained variation is $R^2=.045$ (4.5%). For the outcome variable „BG-Process“ the value is $R^2=.068$ (6.8%) and for the outcome variable “BG-Structure”, where the statistical trend was present, the value of explained variation is $R^2=.022$ (2.2%).

Table 6 Results of Yoga/Meditation and Biodanza pre-experience towards the health related outcome variables

Target Variable	Indep. Var.	Estimate	95% confidence interval		p	R ²
C2_Health	(Intercept)	7.84	7.49	8.18	0.000	0.003
	Yoga / Biodanza	-0.20	-0.85	0.45	0.54	0.003
BG-Structure	(Intercept)	14.7	13.5	16.0	0.000	0.022
	Yoga / Biodanza	1.88	-0.42	4.18	0.10	0.022
BG-Organisation	(Intercept)	84.8	77.6	92.0	0.000	0.045
	Yoga / Biodanza	16.1	2.08	30.1	0.024	0.045
BG-Process	(Intercept)	18.2	17.4	19.1	0.000	0.068
	Yoga / Biodanza	2.50	0.81	4.18	0.004	0.068
BG-Source	(Intercept)	14.6	13.9	15.4	0.000	0.001
	Yoga / Biodanza	0.21	-1.22	1.64	0.77	0.001

5.2 Results according to research question 2

As described in chapter 4, the significance (p), the variance resolution (R^2) with consideration of the effect strength (ω^2) and finally the relation of the effect related to the increase of the coefficient are used to present the results. Especially for the last aspect, it is important to standardize the individual scale ranks for the sake of comparability. For this reason, the coefficient is given in relation to the total range in percent, whereby the total range is scaled in advance to the minimum value of "1". The individual scale ranges are shown unscaled in Table 7 and scaled in Table 8.

Table 7 Total Scale Range of the Target Variables (unscaled)

Target Variable	Minimum Value	Maximum Value
C2_Health	1	10
BG-Structure	6	33
BG-Organisation	39	216
BG-Process	4	27
BG-Source	4	25

Table 8 Total Scale Range of the Target Variables (scaled)

Target Variable	Minimum Value	Maximum Value	Difference ¹⁸
C2_Health	1	10	9
BG-Structure	1	28	27
BG-Organisation	1	178	177
BG-Process	1	24	23
BG-Source	1	22	21

¹⁸ The difference value is used to calculate the relative slope values of the coefficients. The difference value corresponds to 100% slope.

Table 9 LASSO Model for EG 1 to Target Variable Anthropocentric Health (C2_Health)

	Target variable	Coefficient	95% Confidence interval		p	R ²	ω ²	n
(Intercept)	C2_Health	7.84	7.49	8.19	0.000	0.001		
Sport vs. Control	(unadj.)	0.12	-0.34	0.57	0.61			
(Intercept)	C2_Health	4.32	2.89	5.76	0.000	0.40		213
Sport vs. Control		-0.12	-0.49	0.24	0.50		0.004	
Rel_Self		0.07	-0.15	0.30	0.50		0.219	
FKV Depress. Proc.		0.04	-0.29	0.36	0.82		0.057	
C4_Wellbeing		0.48	0.35	0.61	0.000		0.221	
Cognitive Border		-0.12	-0.28	0.05	0.15		0.005	

The results for the EG 1 on the target variable Anthropocentric Health presented in Table 9 show that no significant result can be determined with an unadjusted calculation of the EG 1 variable on the outcome variable. This is made clear by $p=.61$ and the low variance clarification with $R^2=.001$. In the second phase of the LASSO calculation, the four most influential variables for the EG 1 variable were integrated on the outcome variable. Only the variable "C4_Wellbeing" turned out to be significant ($p<.0005$). The effect size of this significant relationship is $\omega^2=.221$. The variance clarification of the entire LASSO model for the EG 1 variable with covariates regarding the outcome variable "C2_Health" is 40% ($R^2=.40$). The addition of the other covariates increases the variance clarification of the model, but there is no significant effect for the EG 1 variable ($p=.5$). The relative increase of the significant coefficient is 5.3%.

Table 10 LASSO Model for EG 1 to Target Variable Biocentric Health (BG-Structure)

	Target variable	Coefficient	95% Confidence interval		p	R ²	ω ²	n
(Intercept)	BG-Structure	14.7	13.6	15.9	0.000	0.005		
Sport vs. Control	(unadj.)	0.74	-0.81	2.30	0.34			
(Intercept)	BG- Structure	8.15	3.80	12.5	0.000	0.40		180
Sport vs. Control		1.08	-0.22	2.38	0.098		0.000	
D18_Anxiety		1.06	0.32	1.80	0.005		0.164	
D18_Sadness		1.15	0.38	1.91	0.003		0.057	
BG-Source		0.70	0.50	0.90	0.000		0.177	
SoC_Comprehensibility		-1.50	-2.09	-0.91	0.000		0.121	

Table 10 shows the effect of the EG 1 variable on the outcome variable "BG-Structure". No significant effect can be detected ($p=.34$), the variance explanation is 0.5% ($R^2=.005$). With the

addition of the confounder variables, the variance explanation ($R^2=.40$) increases to 40% and there are significant effects for the variables "D18_Anxiety" ($p=.005$), "D18_Sadness" ($p=.003$), "BG-Source" ($p<.0005$) and "SoC_Comprehensibility" ($p<.0005$). The effect sizes of these significant effects of the variables are $\omega^2=.164$ for "D18_Anxiety", $\omega^2=.57$ for "D18_Sadness", $\omega^2=.177$ for "BG-Source" and $\omega^2=.121$ for "SoC_Comprehensibility". "D18_Sadness" has the lowest effect size, but a large relative increase in the coefficient (4.25%). The subscale of the Sense of Coherence "Comprehensibility" has the strongest negative relative increase in the coefficient (- 5.55%).

Table 11 LASSO Model for EG 1 to Target Variable Biocentric Health (BG-Organisation)

	Target variable	Coefficient	95% Confidence interval		p	R ²	ω^2	n
(Intercept)	BG-Organisation	84.8	77.6	92.0	0.000	0.002		
Sport vs. Control	(unadj.)	2.67	-6.83	12.2	0.57			
(Intercept)	BG-Organisation	-12.8	-34.1	8.37	0.23	0.35		180
Sport vs. Control		-1.59	-9.58	6.39	0.69		0.005	
D18_Anxiety		5.34	0.95	9.74	0.016		0.084	
D18_Sadness		5.87	1.00	10.7	0.017		0.029	
FKV_Relig. & Meaning		9.37	3.58	15.2	0.001		0.106	
BG-Source		3.93	2.81	5.06	0.000		0.209	

The results of the unadjusted LASSO model are shown in **Table 11** **Table 1** for the EG1 to the target variable „BG-Organisation and shows no significant result ($p=.57$), the explained variation has a value of $R^2=.002$. The adjusted LASSO Model with four Confounder variables improves the explained variation to $R^2=.35$ and shows four significant effects ($p<.05$). The variable "FKV_relig. & Meaning" has the second highest effect after BG-Source and leads to a relative increase of the coefficient of 5.29%. The partial omega² for the confounder variables ranges from $\omega^2=.029$ to $\omega^2=.209$.

For the self-regulatory pre-experience in the experimental group 1 was no significant effect found towards the target variable “BG-Organisation” ($p=.69$).

Table 12 LASSO Model for EG 1 to Target Variable Biocentric Health (BG-Process)

	Target variable	Coefficient	95% Confidence interval		p	R ²	ω ²	n
(Intercept)	BG-Process	18.2	17.4	19.1	0.000	0.001		
Sport vs. Control	(unadj.)	-0.18	-1.29	0.93	0.75			
(Intercept)	BG-Process	5.56	2.74	8.38	0.000	0.34		181
Sport vs. Control		-0.46	-1.47	0.55	0.37		0.006	
BG-Organisation		0.01	-0.01	0.03	0.35		0.130	
FKV_Distr.& Self-build		1.31	0.63	2.00	0.000		0.055	
SD_selfesteem		0.65	0.27	1.02	0.001		0.176	
BG-Source		0.33	0.14	0.51	0.001		0.059	

As shown in Table 12 the unadjusted model for EG1 towards the outcome variable “BG-process” shows no significant effect ($p=.75$), the explanation of variance is $R^2=.001$.

The model with the four confounder variables shows three significant effects for the variables “FKV_Distr.&Self-build” ($p<.0005$); “SD_selfesteem” ($p=.001$) and “BG-Source” ($p=.001$). The fourth confounder variable in this model “BG-Organisation” showed no significant effect ($p=.35$) as well as the EG1 Variable ($p=.37$). The overall explanation of variance of this model is $R^2=.34$. The effect size of the significant variables tends from $\omega^2=.055$ to $\omega^2=.176$. The highest value to the relative increase of the coefficient is represented by the variable of "Distress & Selfbuild" with 5.69%.

Table 13 LASSO Model for EG 1 to Target Variable Biocentric Health (BG-Source)

	Target variable	Coefficient	95% Confidence interval		p	R ²	ω ²	n
(Intercept)	BG-Source	14.6	13.9	15.4	0.000	0.000		
Sport vs. Control	(unadj.)	0.10	-0.86	1.06	0.83			
(Intercept)	BG-Source	3.78	1.96	5.61	0.000	0.48		179
Sport vs. Control		0.03	-0.77	0.83	0.95		0.006	
SD_selfesteem		0.95	0.66	1.23	0.000		0.317	
BG-Structure		0.19	0.05	0.32	0.006		0.268	
BG-Organisation		0.02	0.00	0.04	0.083		0.009	
Optimism		0.27	0.10	0.45	0.002		0.046	

Table 13 shows the model for the EG1 Variable to the Outcome Variable “BG-Source” where the unadjusted model shows no significant effect from EG1 to the Outcome Variable ($p=.83$). In the adjusted model with four confounder variables the explanation of variance has a good value of $R^2=0.48$ and three confounder variables show significant effects: “SD_selfesteem” ($p<.0005$); “BG-Structure” ($p=.006$) and “Optimism” ($p=.002$). The Confounder Variable “BG-Organisation” shows a statistical trend with $p=.083$. The effect size of the significant variables is between $\omega^2=.046$ and $\omega^2=.317$. The largest relative increase in the coefficient is caused by the variable "SD_Selfesteem" (4.5%).

Table 14 LASSO Model for EG 2 to Target Variable Anthropocentric Health (C2_Health)

	Target variable	Coefficient	95% Confidence interval		p	R ²	ω ²	n
(Intercept)	C2_Health	7.84	7.49	8.18	0.000	0.003		
Yoga / Biodanza vs. Control	(unadj.)	-0.20	-0.85	0.45	0.54			
(Intercept)	C2_Health	5.45	3.81	7.08	0.000	0.283		127
Yoga / Biodanza vs. Control		-0.23	-0.80	0.33	0.41		0.004	
C4_Wellbeing		0.39	0.24	0.54	0.000		0.263	
B_Relaxation_Burden		-0.09	-0.24	0.05	0.20		0.005	

In Table 14 the LASSO Model for the EG2 is shown towards the target variable “C2_Health”. The unadjusted model shows no significant effect ($p=.54$) and an explained variation with $R^2=.003$. The adjusted LASSO Model shows two confounder variables that have an effect to the EG2 towards the target variable. The “C4_Wellbeing” variable has a significant

effect ($p < .0005$) and an effect-size of $\omega^2 = .263$. The increase of the coefficient for this variable is 4.3% which means that the target variable "C2_Health" increases by 4.3% when the value is increased by 1 on the "C4_Wellbeing" scale. The second variable in this model "B_Relaxation_Burden" does not show any significant effect. The overall explained variation of the model has a value of $R^2 = .283$.

Table 15 LASSO Model for EG 2 to Target Variable Biocentric Health (BG-Structure)

	Target variable	Coefficient	95% Confidence interval		p	R ²	ω^2	n
(Intercept)	BG-Structure (unadj.)	14.7	13.5	16.0	0.000	0.022		
Yoga / Biodanza vs. Control		1.88	-0.42	4.18	0.10			
(Intercept)	BG-Structure	1.81	-5.01	8.63	0.60	0.300		116
Yoga / Biodanza vs. Control		1.31	-0.81	3.43	0.22		0.032	
C2_Health		-0.29	-0.84	0.25	0.28		0.016	
D18_Sadness		1.14	0.17	2.10	0.020		0.081	
FKV_Active_prob.Coping		1.79	0.55	3.03	0.005		0.065	
BG-Source		0.57	0.31	0.83	0.000		0.135	

Table 15 represents the LASSO Model for the EG2 towards the target variable "BG-Structure". The unadjusted model shows a statistical trend with $p = .10$ and an explained variation with $R^2 = .022$. In the adjusted model the explained variation goes up to $R^2 = .300$ and three confounder show a significant effect: "D18_Sadness" ($p = .020$); "FKV_Active_prob.Coping" ($p = .005$) and "BG-Source" ($p < .0005$). The effect-size of those significant variables goes from $\omega^2 = .065$ to $\omega^2 = .135$. The variable "FKV_Active_prob.Coping" coping has the largest relative increase in the coefficient with 6.63%.

Table 16 LASSO Model for EG 2 to Target Variable Biocentric Health (BG-Organisation)

	Target variable	Coefficient	95% Confidence interval		p	R ²	ω ²	n
(Intercept)	BG-Organisation	84.8	77.6	92.0	0.000	0.045		
Yoga / Biodanza vs. Control	(unadj.)	16.1	2.08	30.1	0.024			
(Intercept)		24.8	-12.4	61.9	0.19	0.321		108
Yoga / Biodanza vs. Control		5.17	-7.65	17.99	0.42		0.052	
Rationality		-2.76	-5.22	-0.30	0.027		0.038	
Change_Timestruct.		8.07	-3.69	19.8	0.17		0.021	
FKV_Active_prob.Coping		14.2	6.94	21.4	0.000		0.132	
BG-Source		3.16	1.54	4.77	0.000		0.117	

The Model for the EG2 towards the “BG-Organisation” target variable can be seen in Table 16. The unadjusted model shows a significant effect ($p=.024$) with an explained variation of $R^2=.045$. The adjusted model has an explained variation of $R^2=.321$ and three significant variables: “Rationality” ($p=.027$); “FKV_Active_prob.Coping” and “BG-Source” both with $p<.0005$. The effect-size of those significant variables goes from $\omega^2=.038$ to $\omega^2=.132$. In this adjusted model the effect of the EG2 is not significant anymore ($p=.42$). The model shows that the irrational thinking style causes a relative increase of the outcome variable of 1.5%. The active problem-oriented coping results in a relative increase of the outcome variable of 8% and the BG-Source in a relative increase of 1.7%.

Table 17 LASSO Model for EG 2 to Target Variable Biocentric Health (BG-Process)

	Target variable	Coefficient	95% Confidence interval		p	R ²	ω ²	n
(Intercept)	BG-Process	18.2	17.4	19.1	0.000	0.068		
Yoga / Biodanza vs. Control	(unadj.)	2.50	0.81	4.18	0.004			
(Intercept)	BG-Process	8.71	5.66	11.77	0.000	0.325		119
Yoga / Biodanza vs. Control		1.75	0.21	3.28	0.025		0.079	
SD_selfesteem		0.56	0.10	1.03	0.017		0.151	
BG-Source		0.32	0.10	0.54	0.005		0.096	
SD_selfcentered_spiritual		0.62	0.18	1.05	0.006		0.055	

Table 17 shows the effect of EG2 towards the target variable “BG-Process” with a significant effect of the unadjusted model ($p=.004$; $R^2=.068$). The adjusted model generated

three variables that have the best effect to the target variable, all effects are significant: “SD_inferior/self-worth” ($p=.017$); “BG-Source” ($p=.005$) and “SD_selcentered_spiritual” ($p=.006$). The explained variation of this model is $R^2=.325$, the effect-size of the significant effects tend from $\omega^2=.055$ to $\omega^2=.151$.

Table 18 LASSO Model for EG 2 to Target Variable Biocentric Health (BG-Source)

	Target variable	Coefficient	95% Confidence interval		p	R ²	ω^2	n
(Intercept)	BG-Source	14.6	13.9	15.4	0.000	0.001		
Yoga / Biodanza vs. Control	(unadj.)	0.21	-1.22	1.64	0.77			
(Intercept)	BG-Source	4.26	1.37	7.15	0.004	0.367		115
Yoga / Biodanza vs. Control		-0.63	-1.87	0.62	0.316		0.005	
SD_extern.		0.53	0.24	0.82	0.000		0.170	
Deter./autonom.								
BG-Structure		0.18	0.08	0.27	0.000		0.136	
BG-Process		0.32	0.17	0.46	0.000		0.139	

In Table 18 the model for the EG2 towards the target variable “BG-Source” is shown. The unadjusted model as no significant effect ($p=.77$) and has an explained variation of $R^2=.001$. The adjusted model found three variables with the best results to explain the variation ($R^2=.367$), all three variables “SD_externDeter./autonom”; “BG-structure” and “BG-Process” show significant effects ($p<.0005$). The effect-size of those variables goes from $\omega^2=.136$ to $\omega^2=.170$.

The subjects' self-assessment of autonomy yields a relative increase in the coefficient of 2.52% in this model.

Table 19 LASSO Model for EG 3 to Target Variable Anthropocentric Health (C2_Health)

	Target variable	Coefficient	95% Confidence interval		p	R ²	ω ²	n
(Intercept)	C2_Health	7.84	7.49	8.18	0.000	0.003		
Yoga-Community. vs. Control	(unadj.)	-0.20	-0.85	0.45	0.54			
(Intercept)	C2_Health	7.84	6.52	9.16	0.000	0.214		124
Yoga-Community. vs. Control		-0.12	-0.70	0.47	0.69		0.006	
B_Relax.Burden		-0.23	-0.37	-0.09	0.002		0.152	
Rel_Self		0.38	0.13	0.64	0.003		0.062	

The model for the EG3 to the target variable “C2_Health” is shown in Table 19. The unadjusted model has no significant effect ($p=.54$) and a value of explained variation of $R^2=.003$. The adjusted model found two variables with significant effects: “B_Relax.Burden” ($p=.002$; $\omega^2=.152$) and “Rel_Self” ($p=.003$; $\omega^2=.062$). The overall explained variation with this model has a value of $R^2=.214$. If we consider the relative increase of the coefficients, it is 4.2% for "Relationship to myself" and -2.5% for "Relaxation and Burden". The negative relative increase in the coefficient means that an increase in the scale "Relaxation and Burden" by the value "1" causes the reduction of the score of the outcome variable by 2.5%.

Table 20 LASSO Model for EG 3 to Target Variable Biocentric Health (BG-Structure)

	Target variable	Coefficient	95% Confidence interval		p	R ²	ω ²	n
(Intercept)	BG-Structure	14.7	13.5	16.0	0.000	0.022		
Yoga-Community. vs. Control	(unadj.)	1.88	-0.42	4.18	0.10			
(Intercept)	BG-Structure	8.32	4.28	12.4	0.000	0.327		109
Yoga-Community. vs. Control		0.09	-2.09	2.27	0.93		0.009	
SD_selfesteem		-1.59	-2.21	-0.97	0.000		0.042	
BG-Source		0.95	0.67	1.23	0.000		0.289	

In Table 20 the results for the LASSO Model of EG3 to the target variable “BG-Structure” is shown with a statistical trend ($p=.10$) for the unadjusted analysis. The adjusted model could find two variables with significant impact: “SD_selfesteem” and “BG-Source” with $p<0.0005$

and an effect-size between $\omega^2=.042$ and $\omega^2=.289$. The explained variation of this adjusted model has a value of $R^2=.327$.

Table 21 LASSO Model for EG 3 to Target Variable Biocentric Health (BG-Organisation)

	Target variable	Coefficient	95% Confidence interval	p	R ²	ω^2	n
(Intercept)	BG-Organisation	84.8	77.6	92.0	0.000	0.045	
Yoga-Community. vs. Control	(unadj.)	16.1	2.08	30.1	0.024		
(Intercept)	BG-Organisation	-24.4	-55.8	6.95	0.12	0.363	102
Yoga-Community. vs. Control		5.49	-8.07	19.1	0.42	0.003	
FKV_ Active_prob.Coping		11.5	3.98	19.0	0.003	0.168	
BG-Source		4.14	2.51	5.77	0.000	0.186	
Cognitive Border		2.31	-1.40	6.02	0.22	0.020	
D18_Anxiety		6.50	0.32	12.7	0.038	0.032	

Table 21 represents the results for the LASSO Model for EG3 to the target variable “BG-Organisation” and shows a significant result for the unadjusted model with $p=.024$ and a value of explained variation of $R^2=.045$. The adjusted model includes four confounder variables, three of which are significant: “FKV_ Active_prob.Coping” ($p=.003$); “BG-Source” ($p<.0005$) and “D18_Anxiety” ($p=.038$). The effect-size of those significant effects have a range from $\omega^2=.032$ to $\omega^2=.186$. The total explained variation of the adjusted model has a value of $R^2=.363$.

Also in this experimental group, the “FKV_ active prob.Coping” has the largest relative increase in the coefficient with 6.5%.

Table 22 LASSO Model for EG 3 to Target Variable Biocentric Health (BG-Process)

	Target variable	Coefficient	95% Confidence interval		p	R ²	ω ²	n
(Intercept)	BG-Process	18.2	17.3	19.1	0.000	0.008		
Yoga-Community. vs. Control	(unadj.)	0.84	-0.92	2.61	0.34			
(Intercept)	BG-Process	10.0	5.03	15.0	0.000	0.329		118
Yoga-Community. vs. Control		-0.21	-1.78	1.35	0.79		0.002	
SD_selfesteem		0.18	-0.36	0.72	0.50		0.176	
BG-Source		0.42	0.21	0.64	0.000		0.117	
B_Burden		-0.39	-0.69	-0.09	0.011		0.045	
BF_Comp		1.06	0.09	2.03	0.032		0.031	

The LASSO model for EG3 to the target variable “BG-Process” is shown in Table 22.

There it can be seen that there is no significant effect for the unadjusted model ($p=.34$) with an value of explained variation of $R^2=.008$. The adjusted model includes four confounder variables, three of them with significant effects: “BG-Source” ($p=.000$); “B_Burden” ($p=.011$) and “BF_Comp” ($p=.032$). The effect-size ranges from $\omega^2=.031$ to $\omega^2=.117$ and the total explained variation of the adjusted model as a value of $R^2=.329$.

Table 23 LASSO Model for EG 3 to Target Variable Biocentric Health (BG-Source)

	Target variable	Coefficient	95% Confidence interval		p	R ²	ω ²	n
(Intercept)	BG-Source	14.6	13.9	15.4	0.000	0.001		
Yoga-Community. vs. Control	(unadj.)	0.21	-1.22	1.64	0.77			
(Intercept)	BG-Source	4.24	1.09	7.39	0.008	0.367		96
Yoga-Community. vs. Control		-0.19	-1.68	1.31	0.80		0.009	
BG-Organisation		0.020	-0.014	0.054	0.25		0.237	
BG-Structure		0.13	-0.07	0.33	0.18		0.010	
BG-Process		0.37	0.21	0.52	0.000		0.178	

Table 23 shows the results for EG3 to the target variable “BG-Source” with no significant effect for the unadjusted model ($p=.77$) and a value of explained variation with $R^2=.001$. The adjusted model has a total explained variation of $R^2=.367$ and three relevant confounder variables could be found, where one of them (BG-Process) shows a significant effect with $p<.0005$ and an effect-size of $\omega^2=.178$. Beside the fact that the BG-Organisation variable has no significant effect, the effect-size is the highest in the whole model with $\omega^2=.237$.

5.3 Results according to research question 3

Table 24 LASSO Model to Target Variable Anthropocentric Health (C2_Health)

	Target variable	Coefficient	95% Confidence interval		p	R ²	ω ²	n
(Intercept)	C2_Gesundheit	2.72	1.79	3.65	0.000	0.50		384
	C3_Immunsystem	0.27	0.19	0.34	0.000		0.38	
	FKV_Depress.Proc.	-0.09	-0.29	0.12	0.39		0.11	
	C4_Wellbeing	0.43	0.34	0.52	0.000		0.20	

Table 24 shows the created LASSO Model the target variable “C2_Health” without focusing any self-regulatory pre-experience. The model concludes three variables and gain a total value of explained variation with $R^2=.5$. Two of these confounder variables show significant effects (“C3_Immunsystem” and “C4_Wellbeing”) with $p<.0005$. The effect-size has a range from $\omega^2=.20$ to $\omega^2=.38$.

Table 25 LASSO Model to Target Variable Biocentric Health (BG-Structure)

	Target variable	Coefficient	95% Confidence interval		p	R ²	ω ²	n
(Intercept)	BG-Structure	-3.33	-6.09	-0.57	0.017	0.40		318
	FKV_ Distr.& Self-build	1.95	1.32	2.58	0.000		0.20	
	D18_Anxiety	0.93	0.41	1.45	0.000		0.05	
	Anxiety-Management Type (Ref. Non-def.)						0.01	
	Sensitizer	3.39	1.98	4.80	0.000			
	Represser	0.21	-1.12	1.55	0.75			
	Highly-Anxious	3.00	0.55	5.46	0.015			
	BG-Source	0.69	0.56	0.83	0.000		0.24	

In Table 25 the LASSO Model for the target variable “BG-Structure” is shown with a total value of explained variation of $R^2=.40$. The Model shows four variables with effects to the target value. The variables “FKV_ Distr.& Self-build”; “D18_Anxiety” and “BG-Source” show significant effects with a value of $p<.0005$. For the grouped variable “Anxiety-Management-Type” there can be found two significant effects between the types referred to the non-defensive Type: “Sensitizer” ($p<.0005$) and “Highly-Anxious” ($p=.015$). The effect-size of those significant effects in the model go from $\omega^2=.01$ to $\omega^2=.24$.

Table 26 LASSO Model to Target Variable Biocentric Health (BG-Organisation)

	Target variable	Coefficient	95% Confidence interval		p	R ²	ω ²	n
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(Intercept)	BG-Organisation	-31.1	-51.1	-11.2	0.002	0.36	311
FKV_ Distr.& Self-build		9.96	5.36	14.6	0.000	0.16	
FKV_Act_prob. Coping		6.83	2.31	11.3	0.003	0.03	
BG-Process		0.95	0.05	1.85	0.035	0.13	
BG-Source		3.74	2.72	4.76	0.000	0.14	

The results of the LASSO model for the target variable “BG-Organisation” without focusing the self-regulatory pre-experience are shown in Table 26 with a total value of explained variation of $R^2=.36$. Three of the four variables that were found, show significant effects: “FKV_Act_prob.Coping” ($p=.003$); “FKV_Distr.&self-build” and “BG-Source” with $p<.0005$. The effect-size of the significant results tend from $\omega^2=.13$ to $\omega^2=.16$.

Table 27 LASSO Model to Target Variable Biocentric Health (BG-Process)

	Target variable	Coefficient	95% Confidence interval		p	R^2	ω^2	n
(Intercept)	BG-Process	10.6	8.14	13.0	0.000	0.36		324
B_Burden		-0.27	-0.44	-0.10	0.001		0.15	
SD_selfesteem		0.40	0.10	0.70	0.007		0.09	
BG-Organisation		0.03	0.01	0.04	0.000		0.16	
BG-Source		0.36	0.22	0.50	0.000		0.07	

The LASSO model for the “BG-Process” target variable is shown in Table 27 with a total value of explained variation of $R^2=.36$ and four significant variables: “SD_selfesteem” ($p=.007$); “B_Burden” ($p=.001$); “BG-Organisation” and “BG-Source” with $p<.0005$. The effect-size of these variables has a range from $\omega^2=.07$ to $\omega^2=.16$.

Table 28 LASSO Model to Target Variable Biocentric Health (BG-Source)

	Target variable	Coefficient	95% Confidence interval		p	R ²	ω ²	n
(Intercept)	BG-Source	2.01	0.35	3.67	0.016	0.49		294
SD_selfesteem		0.88	0.65	1.10	0.000		0.30	
BG-Process		0.26	0.18	0.35	0.000		0.22	
BG-Organisation		0.01	-0.01	0.03	0.28		0.15	
BG-Structure		0.18	0.08	0.29	0.001		0.04	

Table 28 shows the LASSO model for the target variable “BG-Source” with a total value of explained variation with $R^2=.049$ and three significant variables: “BG-Structure” ($p=.001$); “SD_selfesteem” and “BG-Process” with $p<.0005$. The effect-size for the significant effects goes from $\omega^2=.04$ to $\omega^2=.30$.

6 Discussion

6.1 Discussion of the results

In the following, the results presented in chapter 5 are interpreted, subdivided according to the individual research questions.

6.1.1 *Research question 1*

Regarding the first research question which effect is recognizable between the individual self-regulatory previous experiences on the target variables of anthropocentric and biocentric health, it became clear that the self-regulatory previous experience has only a very small effect on the complexity of the outcome variables. Only for experimental group 2 (yoga/meditation and biodanza) two significant effects on the BG-organization and BG-process variables could be found and for the BG-structure variable a statistical tendency. Looking at the variance resolution of the significant results, it becomes clear that this is low with $R^2=.045$ (BG-Organization) and $R^2=.068$ (BG-Process). Consequently, it can be assumed that the target variables of anthropocentric and biocentric health are based on a much more complex model and that the effect of self-regulatory prior experience has a minor influence on this complexity. For the BG structure variable, the degree of variance elucidation is also very low, with $R^2=.022$. The relative increase of the coefficients for the significant effects amount to BG-Organization (9.04%) and BG-Process (10.42%), for the outcome variable BG-Structure with statistical tendency (6.7%). The results for research question 1 show no significant effects for EG1 (self-regulatory prior experience through sport), this is in contrast to the positive effects of sport on self-assessment of health presented in chapter 2.1.4. Possible reasons for this difference could be the number of subjects, or the complexity of the entire study.

In summary, it can be stated that the few significant results are a confirmation of the present model of the relative biocentric health theory, since in this model the self-regulatory prior experience is seen as a partial aspect of the influencing factors and further variables or influencing variables are assumed to be the outcome variable.

6.1.2 Research Question 2

In order to better interpret the results in the context of Question 2, an overview of the significant confounder variables in the Lasso model describing the outcome variable was provided in Table 29.

Table 29 Overview of variables with significant effects of the LASSO Models from self-regulatory pre-experience towards the target variables

	C2_Health	BG-Structure	BG-Organisation	BG-Process	BG-Source
EG1	C4_Wellbeing	D18_Anxiety	D18_Anxiety	FKV _Distr.& Self-build	SD_selfesteem
		D18_Sadness	D18_Sadness	SD_selfesteem	BG-Structure
		BG-Source	FKV_Relig . & Meaning	BG-Source	Optimism
		SoC_ Comprehensibility	BG-Source		
EG2	C4_Wellbeing	D18_Sadness	Rationality	SD_ selfesteem	SD_extern. Deter./autonom.
		FKV_Active_prob.Coping	FKV_Active_prob.Coping	BG-Source	BG-Structure
		BG-Source	BG-Source	SD_selfcentered_spiritual	BG-Process
EG3	B_Relax.Burden	SD_selfesteem	FKV_Active_prob.Coping	BG-Source	BG-Process
	Rel_Self	BG-Source	BG-Source	B_Burden	
			D18_Anxiety	BF_Comp	

Research question 2 asks for the variables with the strongest effects, if one includes further confounder variables to the explanatory models for the target variables on self-regulatory prior experience. In the following, the results are interpreted with regard to differences and similarities, on the one hand with regard to the outcome variables and on the other hand with regard to self-regulatory prior experience.

Looking first at the outcome variables in overview, it is evident that for almost every form of self-regulatory prior experience an independent model was found to explain the outcome variable. The statistical method of the LASSO model works on the principle of determining a model with the highest possible variance explanation, depending on the self-regulatory prior experience. There is a commonality among the biocentric outcome variables, because they all represent a significant effect over the "BG-Source" variable, which, according to the relative

biocentric health theory model, represents the biocentric core. This is, in terms of theoretical foundations, a confirmation of the presence of the biocentric core in all outcome variables as well as to be interpreted as an indication of the entanglements and connections. If one follows a very critical view (more extensive critical analysis in chapter 6.3), one could argue for a purely statistical effect, which emerges due to similar content-related item structuring. This could be examined in more detail in future factor analytic studies; the assignment of the items to the target variables presented here was done according to the thematic proximity related to the explanations of the relative biocentric health theory.

If we now look at the models in detail, related to the outcome variables, it becomes apparent that only for the target variable of anthropocentric health "C2_Health", for the two self-regulatory pre-experiences with sports or yoga/meditation and biodanza a consistent model was found. For both forms of self-regulatory pre-experience, well-being was identified as a significant influencing variable. In the model on which the present work is based, well-being is considered an indicator of the positive stress sequence. It can be stated for these groups that they are based on the perception of well-being as an important influencing parameter on health. On the other hand, the situation is different for self-regulatory prior experience in the form of spiritual community. Here, the relationship between relaxation and stress as well as the biocentric influence variable of the holistic¹⁹ ability to relate to oneself can be named as significant influencing variables on the outcome variable of anthropocentric health "C2_Health". The relationship between relaxation and stress is assigned to the negative stress consequences in the model. Since the effect orientation of this variable is negative, the influence must be interpreted in such a way that the presence of the stress assessment as a negative stress consequence has a negative influence on the outcome variable "C2_Health". This means that the feeling of relaxation is positively related to the outcome variable. Obviously, the outcome variable can be described very well by the forms of the subjective stress sequence; furthermore,

¹⁹ The question was: „I'm blissfully happy and in complete harmony with myself and my environment“

the biocentric influence variable could be determined for EG3. Possibly, this could be explained by the higher proportion of spiritual and meditative practices as practiced in a spiritual community.

For the biocentric outcome variable "BG-Structure", which thematically stands for the representation of the ability to connect to oneself, to others and to nature, certain commonalities can be found in the different models. For both EG 1 and EG 2, the emotional reaction sequence in terms of sadness was found to have a significant influence on the outcome variable. In the model of EG 1, the emotional reaction sequence "Anxiety" also appeared as well as the partial aspect of the Sense of Coherence "Comprehensibility". This result can be interpreted as meaning that feeling sad and anxious apparently leads people to seek more connection, either to themselves, to other people, or to nature. This derivation can be supported by a study by Goodman et al. (2021), here it was found that social interaction itself was described with positive effects by people with social anxiety disorder. One could also interpret the emotional reaction sequences and their influence on the outcome variable as a compensation or coping strategy that people consciously seek closeness or connection to themselves, to others, or to nature due to their feelings of anxiety and sadness. However, there are currently no reliable data for this assumption; it would be appropriate to use this as a question for further research. The subscale of the SoC, which also appears in the model with a significant effect for EG1, denotes the ability to rationally assess events in an orderly and predictable manner. The effect of this variable is negative on the outcome variable meaning that people who have lower scores in understandability report a higher score on the outcome variable. This could be in the context of emotional response consequences, that people with increased anxiety or sadness also have lower scores in understandability and thus try to compensate for this by connecting with themselves, other people, or nature. At least the mediating effect of sense of coherence between perceived social support and depressive and anxiety symptoms was found in a study by Li et al. (2023). This suggests the connection of the emotional response sequence, the influence of

the subscale of the SoC "Comprehensibility" and the search for connections to oneself, to others and to nature.

For EG 2, the model is completed by the subaspect of illness processing "active problem-oriented coping". Here, a combined effect of feeling sadness and the implementation of active problem-oriented coping is shown. An explanatory approach to the connection with the BG-Structure Outcome Variable could be that the overcoming of the challenge or the active starting of coping succeeds through or with the connection to oneself, to other people and to nature. Possibly this is also an approach that is positively supported from the self-regulatory prior experience in the context of yoga/mediation and biodanza, as these methods actively promote the connection to other people and also include the inward and outward facing action. The link between yoga and active problem-centered coping was demonstrated in a study by Marinov et al. (2017).

For EG3, in addition to the BG source variable, self-confidence was found to be a significant confounder in the BG structure variable model. The negative coefficient means that the personal assessment of feeling inferior is associated with an increase in the BG-Structure variable. This suggests that people with lower self-esteem seem to seek more connection with other people, with themselves, and with nature. The study of Araiza and Freitas (2019) shows that people are strongly influenced by social interaction to evaluate self-esteem. This could explain the connection between the connection with other people and the assessment of self-esteem, but no relevant findings on the feeling of inferiority could be found. It seems surprising at first that self-esteem appears with negative salience in this EG 3 model. Numerous studies found positive effects for practicing yoga on self-esteem (Bang & Park, 2022; Martinez et al., 2022; Rathor et al., 2023). The exact causes for the presence of the self-esteem variable in this model, should be considered in further studies. Aspects such as the length of membership in a spiritual community, the background for seeking out such a community, or even the sample size of the survey may play a decisive role.

With regard to the outcome variable "BG organization", which characterizes the biospoietic jumps as a result of challenging life circumstances, the presence of the disease processing variable can be determined for all three experimental groups. Even if the subscale differs according to the experimental group, the ability to process the disease seems to be related to the outcome variable "BG organization". For EG 1, the model again yielded the two emotional response variables, "Anxiety" and "Sadness" and the disease processing subscale "religiosity and search for meaning." All variables show a positive coefficient meaning that BG organization is described primarily from the emotional response and coping ability model. Although this initially contrasts with the relative biocentric theory of health (RBHT), it must be noted that the items of the questionnaire on coping with illness, especially with the subscale "religiosity and search for meaning," inquire about biocentric partial aspects. Finally, it can be shown for EG 1 that the emotions "Anxiety" and "Sadness" as well as "religiosity and search for meaning" have an effect on the biospoietic jumps. Related to the RBHT, the biospoietic jumps, mark the personal development of the person after a challenging phase of life. In this respect, it does not seem surprising that the emotional reaction sequences, which emerge after the evaluation process of the situation and are considered indicators of a threatening situation (cf. Stueck, 2021), are present in this model. Furthermore, an increased proximity to religiosity or spirituality is related to the construct of personal maturation as a result of traumatic events, which serves as an indicator of biospoietic jumps (see 2.3.2.2.11). This connection was confirmed in studies by Galea (2014) and Czyżowska et al. (2021). The results of Galea's (2014) research showed positive correlations between post-traumatic growth, faith maturity, and well-being in a sample of 194 students, all of whom had various trauma experiences. Similarly, the study by Czyżowska et al. (2021), which looked at mental health in mothers with children with cancer, found spirituality to be an important personal resource in the context of posttraumatic growth.

In relation to EG 2, the model also shows significant effects for a subscale of disease processing, but here in relation to the subscale "active problem-oriented coping". In addition, a significant effect was found for the variable "rationality" for this experimental group. This variable is assigned to the relative superposition of the situation evaluation in the RBHT model and stands for the symbols of the penguin and the polar bear found in the theory. The variable describes whether people perceive the current life situation more rationally or irrationally. The results show that people who perceive the situation more irrationally have a higher expression in the target variable "BG organization". For EG 3, "active problemoriented coping" is also found to have a significant effect on the outcome variable. Since this effect of active problemoriented coping occurs exclusively in the self-regulatory prior experience with meditative practices, one could conclude that the practice of this self-regulatory prior experience obviously increases ability. However, this should be investigated more specifically in further research. In EG 3, similar to EG 2, the significant influence effect of Anxiety still occurs, again the effect could be related to the condition of the biospoietic jump, in the form of the threatening life situation. The fact that Anxiety is not present in the model in EG 2 could be due to the effect of Biodanza, some initial research showed that this method can reduce anxiety (Quevedo et al., 2020) in people and has positive effects on stress experience (Stueck & Tofts, 2016). However, these effects should be analyzed in more wide-ranging studies because the previous studies were conducted with small subjects or did not use control groups.

The outcome variable BG-Process describes flow, which is characterized by the ability to accept, inward orientation, and trust. However, courage and the dismantling of protective mechanisms are also included in this outcome variable.

In the results of the individual models, related to the self-regulatory prior experience, it is clear that the feeling of self-esteem is present in EG 1 and EG 2. In EG 1, in addition, the variable of disease processing is represented by the subscale of distraction and self-construction. Obviously, in the group of those who play sports, a successful strategy is to

distract oneself and thus to get into the "flow", it is quasi the blockade that is dissolved by distraction and thus enables the access "BG process". The strategy of self-building is thereby related to self-esteem. Since self-esteem as a confounder variable is also found in EG 2, it could be assumed here that the way of physical activity has a different influence on self-esteem. The sports represented in EG 1 are characterized by team sports often with a high tempo (soccer, volleyball, tennis, running groups, etc.), while in EG 2 there is a mixed form of people with yoga/meditation, but also Biodanza, which also includes exercises with a high tempo as a group-oriented method. EG 3, on the other hand, has movement components that are more associated with resting or slow movements; here, the variable of self-esteem does not appear in the model either. In further studies, this assumption could be examined more closely to determine whether the intensity of physical activity has a different influence on the promotion of self-esteem. In the present model, EG 2 has a slightly smaller relative rate of increase on the outcome variable (2.4%) compared with EG 1 (2.8%). As an additional aspect, it could be included in this discussion that the EG 2 model also included the variable on spirituality. The closeness of yoga and biodanza practice to spiritual components, are a distinguishing feature from EG 1. In addition, the variable of spirituality is considered as an expressive feature of the biocentric influencing factors (see chapter 4.1.2). The biocentric borders (see chapter 2.3.2.2.12; position 20 in **Figure 1**) stands for the separation from life and love. In the present results it is evident that people who cross this boundary are more connected with "BG-Process", i.e. "flow".

For EG 3, the model for the outcome variable "BG process" is described by the two significant effects of the stress rating and the personality trait "compatibility". With regard to the personality trait "Compatibility", it should be noted that its content is very strongly related to the questions of the outcome variable. However, one explanation why this is only present in EG 3 could be that EG 3, with its lifestyle in a spiritual community, is very strongly influenced by the ethical principles of Hinduism. This shows closeness in content to the personality trait "Compatibility". (cf. Yoga Vidya Bad Meinberg, 2022) The stress rating, which is also

represented as a significant confounder variable in the model, shows via its negative coefficient that the expression of the "BG-Process" variable increases when the stress rating is low. In this context, this underscores the importance of the relative superposition of situation assessment in the context of biocentric health emergence, but the comparison across the multiple forms of expression would need to be considered in more detail in further studies.

Regarding the outcome variable BG-Source, which describes the biocentric core and the connection to affectivity and spirituality, different confounder variables were identified depending on the self-regulatory prior experience. For EG 1, self-esteem is again included in the model as well as the BG-Structure variable and optimism. Self-esteem is classified here as a biocentric influencing factor and optimism belongs to the positive stress consequences. Apparently, this effect arises from the positive influence of optimism in the context of spirituality and well-being, as various studies have already shown (cf. Cheadle & Schetter, 2018; Aglozo et al., 2019). In the study of Cheadle and Schetter (2018) they analyzed how self-esteem and optimism mediates between religiousness and spirituality. Their results showed, that aspects of spirituality lower the risk of postpartum depression. In the research of Aglozo et al. (2019) it was investigated how the relationship between spirituality and subjective well-being is and if it is mediated by optimism. The results of this research showed, that spirituality is positive related to life satisfaction and negative related to negative affect. The mediating effect of optimism was only observed significant for negative affect.

For EG 2, the model revealed significant effects for the BG-Structure and BG-Process variables as well as for the perception of autonomy. The latter was assigned to the biocentric borders in the model and thereby characterizes the "autonomy boundary". Here it became apparent that overcoming this biocentric boundary (the experience of autonomy) has a positive effect on the outcome variable of the BG-Source. Possibly autonomy conditions affective intelligence or even access to spirituality. This assumption should prompt further investigation. For EG 3, only the variable "BG-Process" was found to have a significant effect on the outcome

variable in the model. It should be noted that the other two BG variables also appeared in the model, but not with a significant effect. This could be due to the study design or the sample size of the analysis; on the other hand, it could also be merely a random effect that these variables appear in the combination. Basically, this model would represent the strong entanglement and multiplicity of the biospoiesis and would be a first clue to the approach to measure it. Possibly, the high spiritual part in EG 3 creates the strong proximity to the biospoiesis.

In summary, it can be shown that the self-regulatory prior experience with sports activity frequently combines emotional reaction sequences and coping mechanisms in the models of the outcome variables. The EG 2 with the focus of yoga/meditation and biodanza show a little less frequently the coping variables for it a higher portion of the biocentric borders. The spiritual community group (EG 3) shows the lowest number of significant confounder variables. Here, the presence of the emotional reaction consequence variable and coping variable is the lowest.

In addition, it should be mentioned that self-regulatory prior experience significantly influenced the description of results exclusively in one model. This concerns EG2 and its influence on the outcome variable "BG-Process". For EG1 a statistical tendency ($p=.098$) can be observed for the outcome variable "BG-Structure". Finally, it should be noted that although self-regulatory prior experience significantly increases the variance resolution of the models when additional confounder variables are taken into account, the significant effects of self-regulatory prior experience hardly appear. This reinforces the results of question 1, in which direct significant effects of prior self-regulatory experience on the outcome variables were also hardly observed, and the suggestion is that it rather plays a moderating role in the concept of anthropocentric and biocentric health.

6.1.3 Research Question 3

To interpret the results of RQ 3, Table 30 presented the significant variables explaining the LASSO models for the outcome variables.

Table 30 Significant Variables for LASSO Model without grouping variable

	C2_Health	BG-Structure	BG-Organisation	BG-Process	BG-Source
No Grouping Variable	C4_Wellbeing	FKV_ Distr.& Self-build	FKV_ Distr.& Self-build	B_Burden	SD_ selfesteem
	C3_Immunesystem	D18_Anxiety	FKV_Act_prob. Coping	SD_ selfesteem	BG-Process
		Anxiety-Management Type (Ref. Non- def.)	BG-Process	BG-Organisation	BG-Structure
		BG-Source	BG-Source	BG-Source	

For the outcome variable of anthropocentric health "C2_Health", the variable of well-being is again shown to be a significant influencing variable. In addition, there is the quality of the immune system. Both variables are positively related to the outcome variable, which means that a high quality of the immune system and well-being is associated with an increase in the outcome variable. Comparing this result to the models from question 2, it is clear that they are similar to those of EG 1 and EG 2. This could be seen as an indication that the self-regulatory prior experience in the form of sports as well as yoga/mediation and biodanza does not have a decisive influence on the outcome variable of anthropocentric health.

Related to the "BG-Structure" variable as a characteristic of biocentric health, the model calculation revealed four significant effects. On the one hand, the emotional reaction sequence in the form of Anxiety, on the other hand, the subscale of illness processing "Distraction and Self-Build", the cognitive styles of anxiety coping, and the "BG-Source" variable. Since the BG-Structure variable represents the description of the ability to connect to oneself, to other people and to nature, it can be seen that the perception of anxiety, the ability to distract and to self-build as well as the connection to affectivity and spirituality (BG-Source) are of particular importance. Similar results could be found in the models for EG 1 and EG 2. Now the question arises why the emotional reaction sequence in the form of "Anxiety" has an influence on the

variable of connection to other people (subaspect BG-Structure). Research by Ketay et al. (2019) showed that people who experience social anxiety fundamentally avoid closeness with others, supporting the classification of cognitive anxiety coping styles in the biocentric borders aspect. It would have been expected at this point that a negative formation of the coefficient would be favored by the problematic cognitive anxiety coping styles. This finding could not be confirmed in the present work. A possible explanation lies in the multifaceted item description of the outcome variable "BG-Structure", this is characterized both by the description of facts "I learned to listen more attentively when others spoke to me" but also by wishes/desires "I miss the physical contact with other people". In addition, it should be noted that the data of the present study took place within the lockdown phase of COVID-19, possibly the sensation of anxiety in combination with the restrictions from the lockdown phase increased the desire to connect with other people, possibly especially in those people who experience high anxiety (Sensitizer & Highly Anxious). This would be an aspect that should be considered in further studies, in the systematic review by Liu et al. (2021) it was shown that the physical contact during the lockdown phases decreased significantly.

The BG-Organization variable serves as a characteristic of the biospoietic jumps (see chapter 2.3.2.2.11; position 19 in **Figure 1**) and describes personal maturation or further development after stressful life events. In the model explaining the outcome variable, two subscales of illness processing and the BG process and BG source variables are represented. The content of the models with consideration of self-regulatory prior experience is close to that of the models with consideration of self-regulatory prior experience; these also contained subscales of disease processing. Related to the results without self-regulatory prior experience, it can be seen that active problem-oriented coping and distraction & self-build skills have an effect on biospoietic jumps. The model yields substantive closeness to the principles of relative biocentric health theory (RBHT), it shows that people with ability to actively process illness, connection to spirituality and affectivity (BG-Source), and the ability to "flow" (BG-Process)

enable the expression of the biospoietic jumps. Even though the significance of the model with $R^2=.36$ does not represent representative results, connections to the assumptions of the RBHT can be established. The COVID-19 pandemic and its potential to trigger such biospoietic jumps in terms of personal maturation corroborate the studies by Magomed-Eminov et al. (2021) and Senejko et al. (2022). The study by Magomed-Eminov et al. (2021) focused on the positive psychological consequences of COVID-19 disease and aimed to investigate the impact of the disease on lifestyle, behavior, communication, life relationships, and well-being of ill individuals. The experience of coping with the disease led to personal growth and the discovery of new life perspectives and values. Overall, the study concluded that COVID-19, as an extreme situation, not only presented challenges, but also provided opportunities for personal growth and reassessment of the importance of others and life in general. Similar findings can be drawn from the study by Senejko et al. (2022), which found that various types of pandemic threats, such as threats to life, family, and lifestyle, were positive predictors of personal maturation in adolescents.

Regarding the "BG-Process" variable, which represents flow, significant effects were found by the variables of stress rating ("B_Burden"), self-esteem ("SD_selfesteem"), as well as BG-organization and BG-source. This model shows that the stress rating negatively influences the "flow", when situations are rated as not stressful the possibility to promote the "flow" arises, which underlines the importance of the relative superposition of the situation rating (see chapter 2.3.2.2.2; position 12-15 in **Figure 1**). Furthermore, self-esteem, as a biocentric influencing factor, is also presented as an effect size in this model. It can be seen that a higher level of self-esteem positively influences the outcome variable. The fact that the variable BG organization appears in this model could be interpreted as meaning that the biospoietic jumps that occurred characterize the overcoming of indifferent states and thus positively influence the experience of "flow." However, further research is needed to concretize this assumption. Likewise to be able to estimate the effect of affectivity and spirituality, represented by the variable "BG-Source".

For the model of the "BG source" variable, which represents the biocentric core and thus the biospoiesis, all three biocentric outcome variables were found to be the only effect sizes in the model. However, the variable of biospoietic jumps (BG organization) did not show a significant effect. Whether the effects listed in the model are caused by the biocentric health variables due to high internal consistency values or actual theoretically determined connection/entanglement would likewise need to be considered in further studies. The strongest effect on the BG source variable in this model is the significant effect of self-esteem. Since this variable is present both in the models with and without self-regulatory prior experience, it allows the assumption that with self-esteem an important biocentric influencing factor is present in the model.

Moreover, it reinforces the assumption from RBHT that the biospoiesis emerges from or are in some connection with the holographic features of life (Structure, Organization, Process).

6.2 Answering the research questions

Answering the questions: In summary, the models without self-regulatory prior experience have certain similarities in the presence of significant influence variables. This leads to the assumption that self-regulatory prior experience has only a minor role in the context of describing the outcome variables of anthropocentric and biocentric health.

6.2.1 Answering Research Question 1

Research Question 1: What is the effect of the different forms of self-regulatory pre-experience on the target variables of anthropocentric and biocentric health?

In the present study, very few significant effects of self-regulatory prior experience on the outcome variables of biocentric health were found. Only EG 2 with their prior experience in yoga/meditation and biodanza showed significant effects on the outcome variable BG-Organization and BG-Process. These outcome variables represent the biospoietic jumps (see chapter 2.3.2.2.11) as well as the ability to accept and come into "flow" about it (see chapter 2.3.1.5.3). However, the variation clarification of these effects is very low so that one must conclude that the self-regulatory prior experience has only a minor direct influence on the outcome variables. There is reason to believe that self-regulatory prior experience is more likely to have an influence as a moderating variable.

6.2.2 Answering Research Question 2

Research Question 2: Which variables have the strongest effect on the target variables of anthropocentric and biocentric health considering self-regulatory pre-experience and confounder variables?

In summary, it can be stated in answer to question 2 that there are very diverse LASSO models for the outcome variables depending on the self-regulatory prior experience. The variance resolution of these models ranges between $R^2=.21$ and $R^2=.48$. This shows that the

confounder variables found have effects on the outcome variable, but that further aspects are necessary to resolve the overall variance. The model with the highest variance elucidation is the description of EG 1 on the outcome variable "BG-Source", in which the self-regulatory prior experience shows no significant effect. This means that the calculated model for EG 1 (focusing on self-regulatory prior experience in the context of sport), taking into account the confounder variables of self-esteem, optimism, and the biocentric variable "BG-Structure" describing the ability to connect with oneself, others, and nature, describe a total of 48% of the outcome variable "BG-Source". In the model of relative biocentric health theory, the outcome variable stands for the biocentric core and symbolizes the closeness to affective intelligence and spirituality. In the creation of the outcome variable, the sub-aspects of harmony, affectivity, spirituality, peace and presence were combined.

Furthermore, it should be noted that self-regulatory prior experience only appears in one model with a significant effect on the outcome variable. The significant effect found concerns EG 2 on the outcome variable "BG process". Consequently, it can be assumed that there is almost no effect of self-regulatory prior experience on the outcome variables of anthropocentric and biocentric health.

6.2.3 *Answering Research Question 3*

Research Question 3: Which variables in the relative biocentric health theory model have the strongest effect on the target variables of anthropocentric and biocentric health, excluding the self-regulatory pre-experience?

With regard to the third research question, it can be stated that there are significant influencing variables on the models of the outcome variables. The influencing variables in the models show certain similarities to those in research question 2. This could support the low relevance of self-regulatory prior experience on the outcome variables in the present study. The main influential variables are emotional reactions in the form of anxiety, aspects of disease

processing, and self-esteem for the outcome variables of biocentric health. For anthropocentric health, immune system quality and well-being occur. In addition, the occurrence of the BG source variable in all outcome variables of biocentric health is also evident here. This effect also occurred in question two and can be interpreted with reference to the relative biocentric health theory as evidence of the presence and importance of affectivity and spirituality in the partial expressions of the holographic traits.

6.2.4 Answering Research Question 4

Research Question 4: What deductions & recommendations for action related to the establishment or maintenance of anthropocentric health & biocentric health can be made from the results of the study.

Referring to the results of questions 1 to 3, it can be stated that for the establishment of anthropocentric health, primarily well-being should be moved into the closer consideration area. This means that the interaction between health and well-being can be used to the extent that measures that serve the well-being of people, e.g. wellness, relaxation exercises, spending time in nature, etc., have a positive influence on the self-assessment of the quality of health. The anthropocentric fields of action thus fall into the area of classical coping, preventive measures, health education and health promotion (with the areas of nutrition, exercise, stress management). (see [6] **Figure 1**)

Regarding the aspects for biocentric health, it was found that the emotional reaction sequence, the disease processing, as well as the situation evaluation are beneficial. In this sense, it is recommended to intensify the work on the superpositions of situation evaluation and reaction. In the context of the present work, only an overview of possible courses of action is given here, which are oriented to the explanations of the relative biocentric health theory (Stueck, 2023a).

Related to the *superposition of perception*, different methods can be used to stimulate the individual forms of superposition:

- Biodanza, shamanic rituals or rituals in connection with the natural elements - promotion of experiencing
- Yoga, mindfulness exercises, self-observation, meditation or also Neuro Affective Relational Model - promotion of observation
- Different forms of coaching or also feedback possibilities - promotion of the variety of own evaluation processes
- Various forms of communication or aspects that stimulate self-reflection, e.g. Bohm's Dialogue or Deep Democracy - promoting the ability to reflect critically.

Regarding the *superposition* of the reaction mode, it is recommended in the sense of the relative biocentric health theory that emotion expressions are always grasped or experienced in their duality. This changes the unifying feeling of a single emotion and, following the Sense of Possibilities, offers the possibility to experience the diversity of emotion expressions.

All measures that have *the promotion of biocentric health* as their goal develop the connection to life and love. According to Stueck (2023a), four principles are of particular importance:

- Principle of coherence
- Principle of duality
- Principle of entanglement
- Principle of holography

These basic principles should be included in the individual interventive measures or taken into account when planning these methods. Thus, it is a matter of taking into account multiple, overlapping partial aspects that help the person on the way to connection with life and love. Methods should represent the approaches of duality, by this is to be understood that no fixation on a single position takes place, but always the logically existing opposite pole is also of

importance. The principle of holography means the knowledge that in the small is always included the big whole. This in combination with the principle of entanglement creates the understanding of how the methods influence the big whole when working on the "small" and on the other hand, how the "small" is influenced when access to the big whole is made possible.

Complementary to these aspects, the study showed that affectivity and spirituality have an important influence on biocentric health. Their unfolding can be enabled in particular by the six biocentric fields of action described by Stueck (2021). On the one hand, these promote affectivity and, in addition, they serve to promote the holographic features of life. In the implementation of this intervention are always two orientations / ways of importance, on the one hand methods that go from the head to the body (polar bear), on the other hand methods that go from the body to the head (penguin). The six fields of action are:

- Affective communication to myself, to others
- Expression of lively corporeality together with others
- Contact with healthy identity and inner orientation together with others
- Experience and expression of life potentials together with others
- Connection to the wholeness
- Ethical environmental action and ecological awareness of nature

With reference to the promotion of spirituality, the following measures can be used:

- contact with spiritual teachers,
- connection to energetic methods like Reiki, Qi-Gong
- transcendental experiences (field of action expansion of consciousness)
- reading spiritual texts and works

In relation to the principles of biocentric health theory, there is no single method that connects us to life and love. Rather, it is a matter of designing the interventions used with the biocentric principles in mind, thus meeting the multiplicity of the Sense of Possibilities.

6.3 Critical reflection and methodological limitations

This paper presents the results of an exploratory study. It is thematically aligned with the tenets of relative biocentric health theory. The results presented here are critically reflected in the following.

Looking first at the study design and sample selection, it should be noted that while on the one hand the very rapid start of the study (a few days after the start of the lockdown in Germany) serves for a very good representation of the specificity of the COVID-19 pandemic event, at the same time it should be noted that the subjects participated exclusively in the study in online format and the sample was randomly generated. It should be noted here that the results are not representative but provide a first insight into the possible influencing variables and correlations of biocentric health aspects. Furthermore, the data used in the present work are only a part of the data collected in the entire study. Consequently, there may have been deviations due to the structure and complexity of the research instrument (online questionnaire with 537 individual items). The complexity and the explorative study design have also caused the choice of the LASSO method as a means of model development. In future studies, further statistical methods should be used to gain a deeper insight into the individual interactions, on the one hand factor analytic studies to examine the individual scales, but also path analyses to capture the complexity of the models. Another point that must be critically considered is the high correlation values (see appendix 8.4) of the individual outcome variables of biocentric health. Even if this correlation can be explained from a theoretical point of view, it limits the validity of the models. Again, the complementary statistical methods mentioned above could help to gain a better understanding of these variables. Following on from this, it should be noted that the creation of the outcome variables here also followed an exploratory logic; reference was always made to the basic theoretical assumptions of RBHT, but the outcome variable itself has not yet been standardized.

Finally, it should be noted that the interpretation of the results, especially for question 2, is based on the assumptions of the RBHT, since the investigation of possible effects is an essential part of this work. However, there may also be other approaches to interpreting the results that were not a central component of this work.

6.4 Conclusion

In conclusion, the present work represents a first attempt to investigate biocentric health. To a large extent, the effect of self-regulatory prior experience, divided by three different movement-oriented forms (sport, yoga/meditation & biodanza, and yoga community), on the target variables of anthropocentric and biocentric health was investigated. In addition, a model of influencing variables independent of prior self-regulatory experience on the target variables was developed. It is found that the components of biocentric health have a significant difference in the influencing variables compared to those of anthropocentric health. Self-regulatory prior experience has little to no effect on the outcome variables regardless of whether moderating confounder variables are included in the model. Since the investigation in the context of the present work is a first step towards establishing a new understanding of the complexity in the formation process of health at the individual level, further investigations are needed in order to validate the effects found or to be able to interpret them more broadly. In the interpretation of the results, partial aspects of the relative biocentric theory of health could be considered and were used to explain the effects, such as the biospoiesis, the biocentric core, and the biocentric borders. The action steps discussed in the context of question 4 as a derivation of the results found are to be understood as impulses, which should be further investigated with regard to their mode of action. The results of the present work do not represent representative results, but they do serve as an indicator or point of reference for further investigations.

7 References

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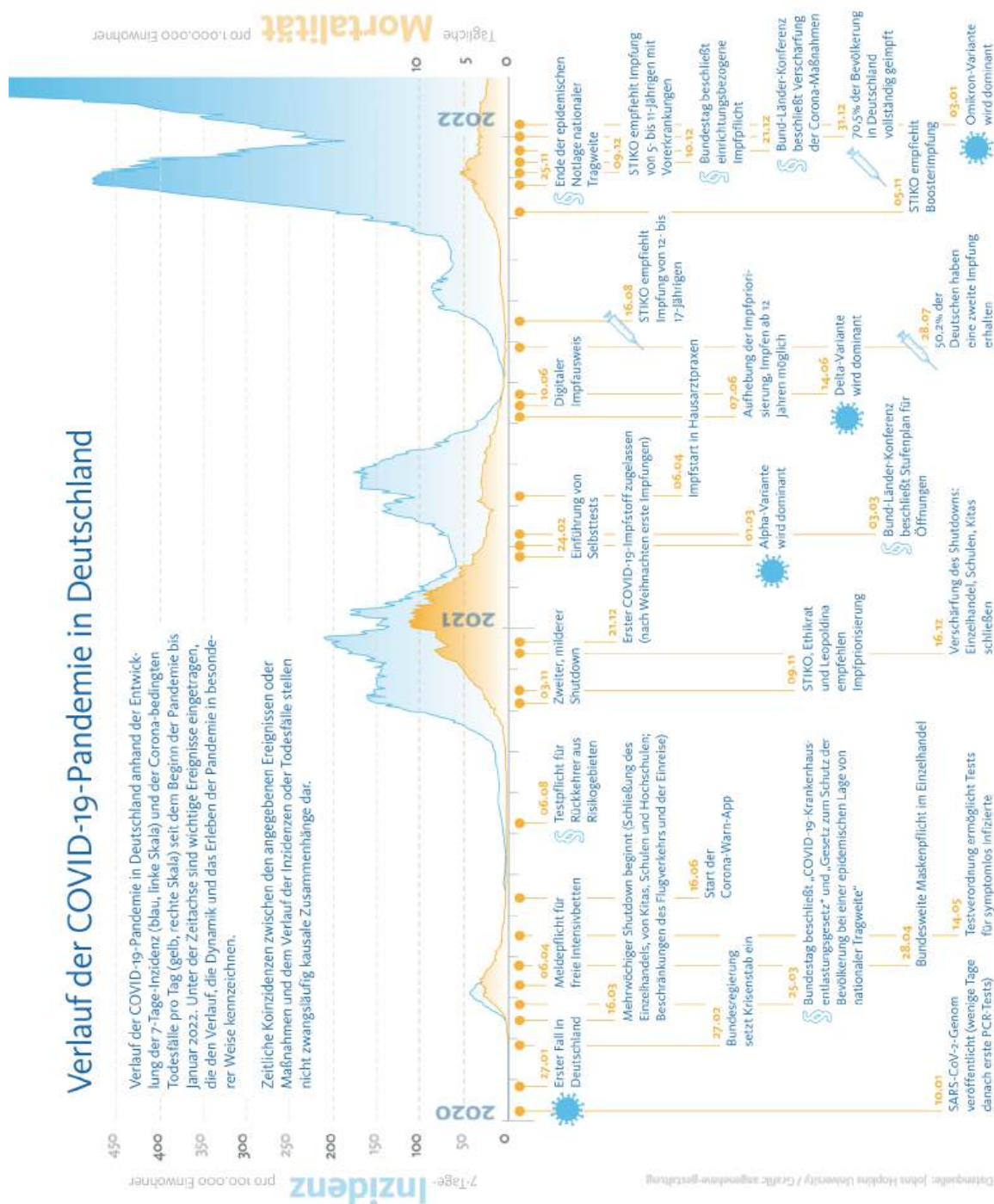
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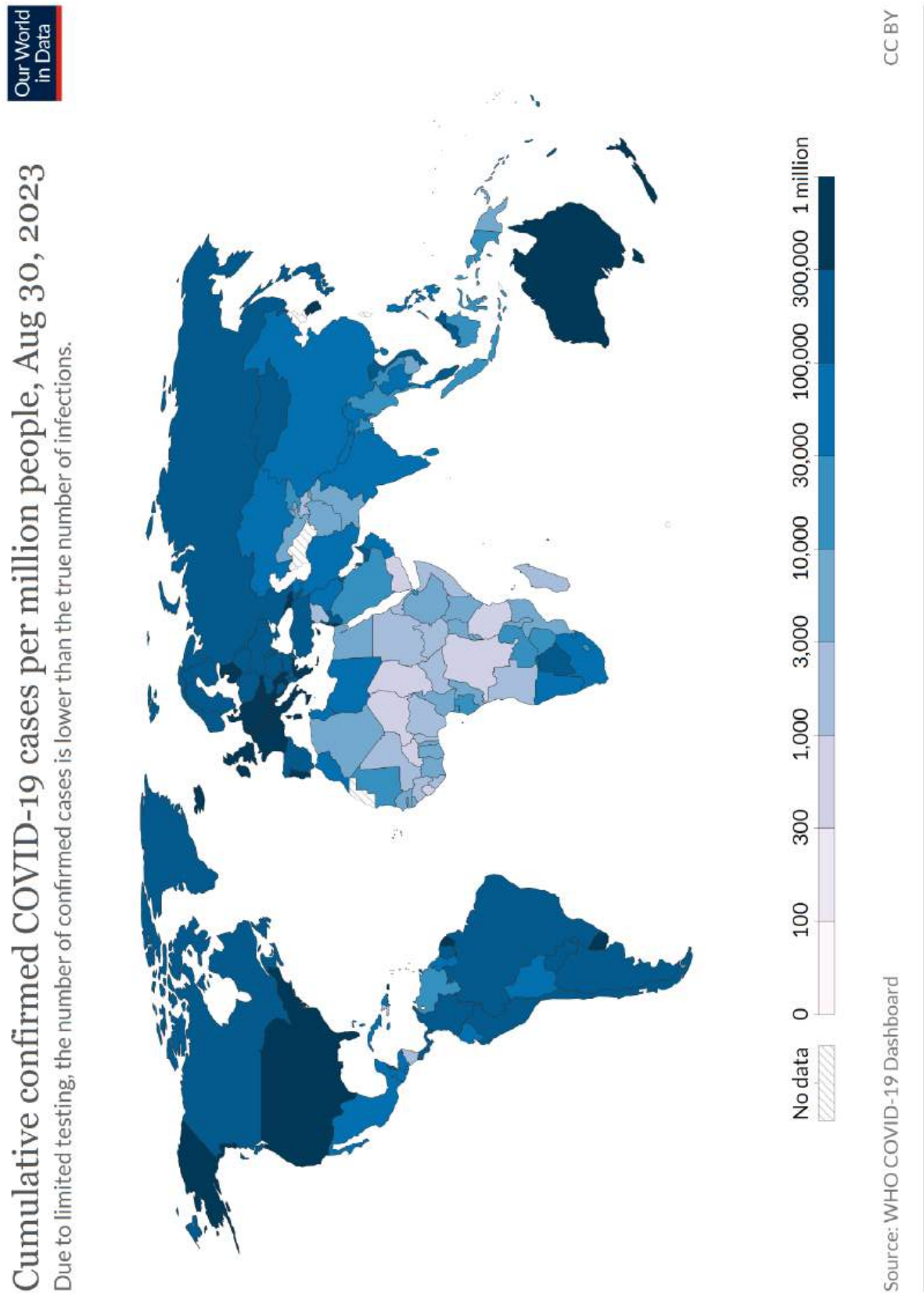
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8 Appendix

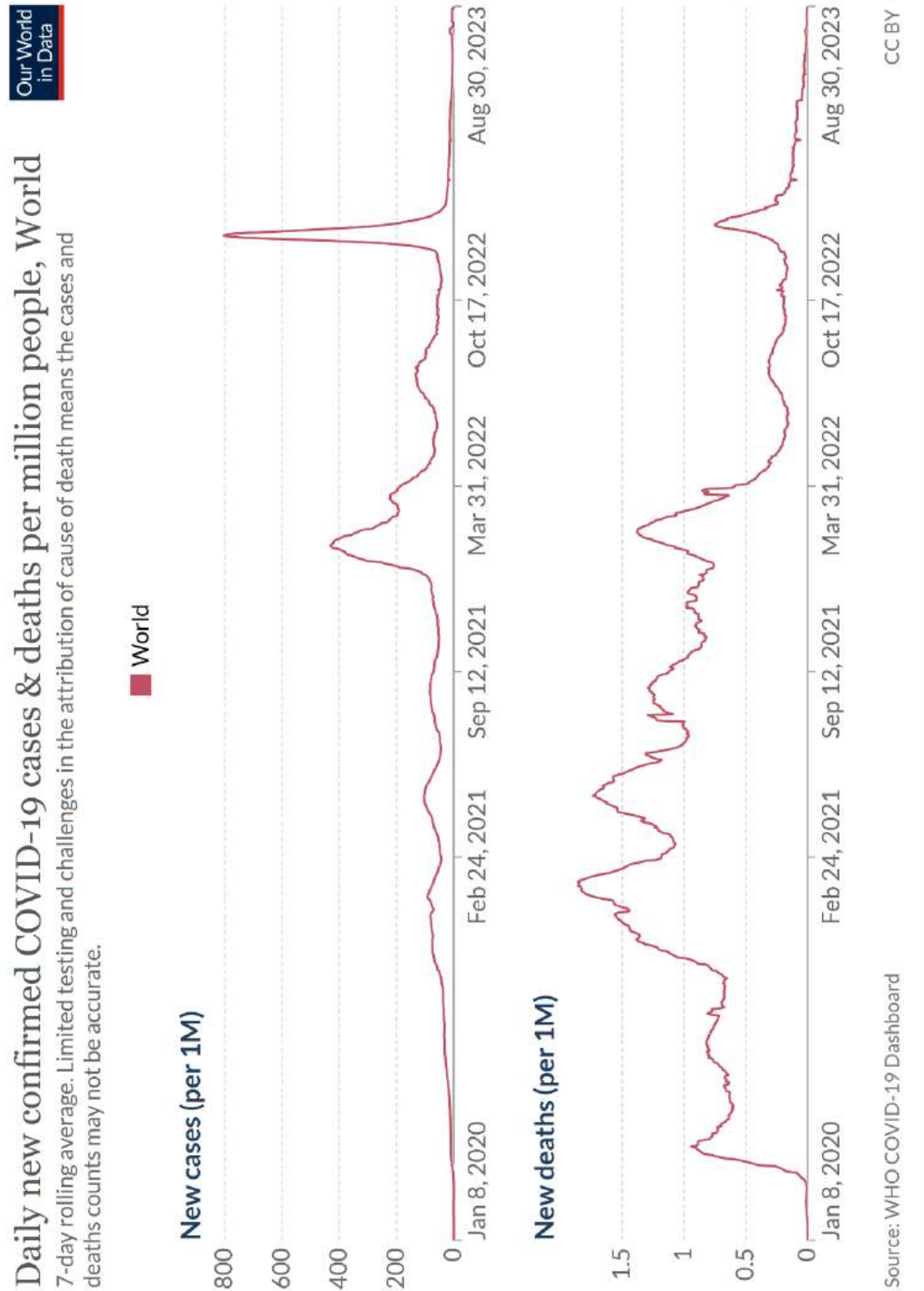
8.1 COVID-19 process and striking events in Germany



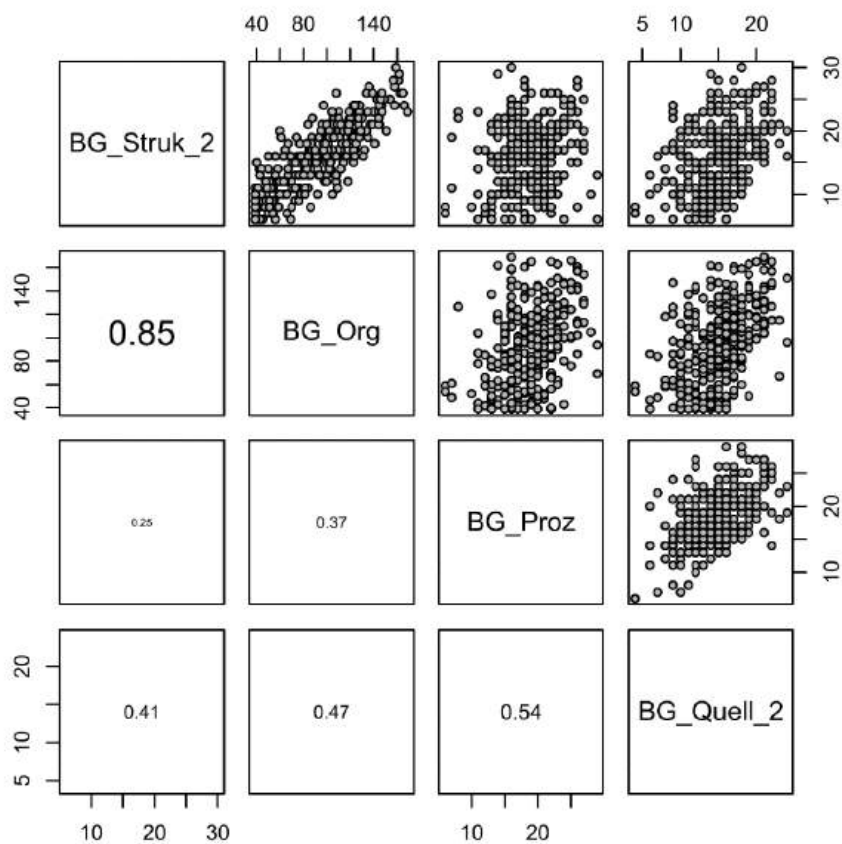
8.2 Cumulative confirmed COVID-19 cases worldwide (2020-2023)



8.3 Daily new confirmed COVID-19 cases and deaths worldwide (2020-2023)



8.4 Correlation of the Biocentric Outcome Variables



8.5 German Questionnaire which was used for the study

AKADEMIE
FÜR **ARBEITSGESUNDHEIT**

DPFA
AKADEMIEGRUPPE
ERFOLG DURCH BILDUNG.

BIOCENTRIC Systems
By Prof. Dr. M. Stück – DPFA

Gesundheitswürfel-Fragebogen zur COVID19-Virus-Krise:

* Wenn Sie uns Ihre E-Mail-Adresse mitteilen, wird diese nicht an Dritte weitergegeben und auch nicht zu Werbezwecken genutzt. Sie wird nach der Studie wieder gelöscht. Wir brauchen diese aber, um Sie für die Studie erreichen zu können. Bitte stehen Sie uns in etwa einem bis zwei Monaten nochmals für eine weitere Befragung zur Nach-Phase zur Verfügung, denn wir benötigen den Vergleich. Außerdem schicken wir Ihnen wöchentlich (jeden Freitag) einen Verlaufsfragebogen, den Sie bitte online ausfüllen.

* Gibt eine erforderliche Frage.

„Psychologische Bewältigung, Möglichkeiten der Krisen-Intervention und Nachbetreuung in Unternehmen und Institutionen für Erwachsene, Familien und Kinder“

Studie der **AKADEMIE für Arbeitsgesundheit** in Zusammenarbeit mit internationalen Partner-Universitäten

Network Biocentric Disaster and Health Management

Bitte erstellen Sie zunächst Ihren persönlichen Fragebogen-Code. Bitte merken oder notieren Sie sich Ihren persönlichen Code. Wir haben aus Gründen des Datenschutzes keine Möglichkeit Ihren Code bei Verlust oder Vergessen zu rekonstruieren. Gehen Sie dabei unbedingt nach folgendem Muster vor:

	Der erste Buchstabe des Vornamens Ihrer Mutter (z.B. Michaela)	Der erste Buchstabe des Geburtsnamens Ihrer Mutter (z.B. Schröder)	Alle Ziffern der Hausnummer des Hauses, in dem Sie aufgewachsen sind. (z.B. Goethestraße 76)	Anfangsbuchstabe des Monats, in dem Ihre Mutter geboren wurde. (z.B. Mai)
Beispieldaten	M	S	76	M

Meine Antwort

Bitte beachten Sie, dass die Bearbeitung des Fragebogens etwa 60-90 Minuten in Anspruch nehmen wird. Falls Sie eine Pause brauchen, beachten Sie bitte den Computer nicht auszuschalten.

Teil A

Bei einem Großteil der Fragen brauchen Sie nur ein Kreuz zu setzen. Unter "Sonstiges" können an einigen Stellen weitere Anmerkungen oder Erklärungen hinzugefügt werden.

Am Ende eines jeden Abschnitts stehen Ihnen zusätzliche Zeilen für Ihre Antworten zur Verfügung.

Alternativ können Sie uns auch eine separate E-Mail (unter Angabe der Fragennummern und Ihres persönlichen Frage-Codes) an dpfa.gruppe@gmail.com senden.

A1 - Heutiges Datum

TT MM JJJJ

__ . __ . 2023

A2 - Land

Meine Antwort

A3 - Bundesland

Wenn Sie Ihren Wohnsitz nicht in Deutschland haben, können Sie diese Frage überspringen.

Auswählen



A4 - Leben Sie städtisch oder ländlich?

☐ städtisch

☐ ländlich

A5 - Alter

Meine Antwort

A6 - Geschlecht

☐ weiblich

☐ männlich

☐ divers

A7 - Körpergröße

(Angabe in Zentimetern)

Meine Antwort

A8 - Gewicht

(Angabe in Kilogramm)

Meine Antwort

A9 - Status

- ☐ single
- ☐ in Partnerschaft
- ☐ verheiratet
- ☐ geschieden
- ☐ verwitwet
- ☐ getrennt lebend

A9.1 - Welchem religiösen bzw. spirituellen Glauben gehören Sie an?

Meine Antwort _____

A9.2 - Hat Ihnen Ihr Glaube in dieser schwierigen Zeit geholfen?

- ☐ Ja
- ☐ Nein

A10 - Wie viele Kinder haben Sie?

Wenn Sie keine Kinder haben, können Sie diese Frage überspringen.

Auswählen ▼

A11 - Wie alt sind Ihre Kinder?

Wenn Sie keine Kinder haben, können Sie diese Frage überspringen.

- ☐ 0 bis 6
- ☐ 7 bis 12
- ☐ 13 bis 17
- ☐ über 18

A12 / Schulabschluss

- ☐ noch Schüler
- ☐ noch Student
- ☐ ohne
- ☐ Haupt-/Realschule
- ☐ Abitur
- ☐ Fachschule
- ☐ Hochschule/ Universität
- ☐ Promotion

A12.1 - In den Instruktionen der folgenden Fragen wird sich immer wieder auf die Corona-Situation oder die Corona-Krise bezogen. Ab wann hat diese in der Gesellschaft problematische Lage für Sie begonnen? Bitte beziehen Sie sich bei der Beantwortung der folgenden Fragen immer auf diese Einschätzung, wenn nach Corona-Krise oder Corona-Situation gefragt wird.

- ☐ Reisebeschränkung/ Grenzschließung
- ☐ Ausgangsbeschränkung und Schließen von öffentlichen Einrichtungen

A13 - Sind Sie in einem Krankenhaus oder einer ähnlichen Einrichtung tätig?

Wenn ja, notieren Sie bitte unter "Sonstiges" Ihre Berufsbezeichnung.

☐ Ja

☐ Nein

☐ Sonstiges: _____

A14 - Gehen Sie regelmäßig zur Arbeit in der jetzigen Situation? Sind Sie eine Führungskraft?

☐ Ja, ich gehe regelmäßig zur Arbeit.

☐ Nein, ich gehe nicht regelmäßig zur Arbeit.

☐ Ich bin Führungskraft.

☐ Ich bin keine Führungskraft.

A15 - Wenn Sie Führungskraft sind, wie sicher fühlen Sie sich in Ihren Entscheidungen?

Unter "Sonstiges" können Sie genauer erklären.

☐ sehr unsicher

☐ unsicher

☐ halb/ halb

☐ sicher

☐ sehr sicher

☐ bräuchte mehr Infos

☐ trifft nicht zu

☐ Sonstiges: _____

A16 - In welcher Branche/ in welchem Beruf arbeiten Sie?

Meine Antwort _____

A17 - Wie arbeiten Sie derzeit? Gibt es eine Veränderung?

Unter "Sonstiges" können Sie genauer erläutern.

- ☐ Home Office
- ☐ Kurzarbeit
- ☐ selbständig
- ☐ arbeitslos
- ☐ öffentlicher Dienst
- ☐ angestellt
- ☐ keine Veränderung
- ☐ Rentner:in
- ☐ Auszubildende:r
- ☐ Sonstiges: _____

A18 - Sind Sie aufgrund der Corona-Krise arbeitslos geworden?

- ☐ Ja
- ☐ Nein

A19 - Haben Sie aufgrund der aktuellen Situation Angst vor Arbeitslosigkeit?

- ☐ Ja
- ☐ Nein

A20 - Haben Sie aufgrund der aktuellen Situation Geldsorgen?

Unter "Sonstiges" können Sie genauer erläutern.

- ☐ Ja
- ☐ Nein
- ☐ Sonstiges: _____

A21 - Treiben Sie im Allgemeinen regelmäßig Sport?

- ☐ Ja
- ☐ Nein

A22 - Treiben Sie während der Corona-Zeit Sport?

- ☐ Ich treibe weniger Sport.
- ☐ Ich treibe genauso viel Sport.
- ☐ Ich treibe mehr Sport.

A23 - Wenn ja, welche Sportart und wie oft betreiben Sie diese?

Meine Antwort

A24 - Betreiben Sie Yoga/ Meditation?

- ☐ Nein
- ☐ Ja
- ☐ Ich bin Yogalehrer.
- ☐ Ich bin in einer Yogagruppe aktiv.

A25 - Wenn ja, seit wann und wie oft praktizieren Sie Yoga/ Meditation und seit wann sind Sie Yoga-Lehrer?

Meine Antwort

A26 - Betreiben Sie Biodanza?

- ☐ Nein
- ☐ Ja
- ☐ Ich bin Biodanza-Lehrer.
- ☐ Ich bin in einer Biodanza-Gruppe aktiv.

A27 - Wenn ja, seit wann und wie oft tanzen Sie Biodanza und seit wann sind Sie Biodanza-Lehrer?

Meine Antwort: _____

A28 - Gehören Sie einer Gemeinschaft an?

Wenn ja, geben Sie bitte unter Sonstiges an, welcher.

- ☐ Ja, ich gehöre zu Yoga Vidya Bad Meinberg.
- ☐ Ja, ich gehöre zu einem anderen Yoga Vidya Ashram in Deutschland.
- ☐ Nein
- ☐ Sonstiges: _____

A29 - Haben Sie noch andere Hobbies neben Sport (z.B. Musik)?

Wenn ja, bitte nennen Sie unter "Sonstiges" welche und wie oft Sie diesen nachgehen.

- ☐ Nein
- ☐ Ja
- ☐ Sonstiges: _____

Zusätzlicher Platz für Ihre Antworten:

Bitte geben Sie unbedingt die zugehörige Fragennummer an!

Meine Antwort: _____

Teil B

Bei einem Großteil der Fragen brauchen Sie nur ein Kreuz zu setzen. Unter "Sonstiges" können an einigen Stellen weitere Anmerkungen oder Erklärungen hinzugefügt werden.

Am Ende eines jeden Abschnitts stehen Ihnen zusätzliche Zeilen für Ihre Antworten zur Verfügung.

Alternativ können Sie uns auch eine separate E-Mail (unter Angabe der Fragennummern und Ihres persönlichen Frage-Codes) an dpfa.gruppe@gmail.com senden.

B1 - Wie erleben Sie generell die jetzige Situation? Was ist positiv, was ist schwierig, was anders?

Meine Antwort

B2 - Betreuen Sie Ihre Kinder zu Hause?

Wenn ja, notieren Sie bitte unter "Sonstiges" wie viele Kinder Sie betreuen. Wenn Sie keine Kinder haben, können Sie diese Frage überspringen.

☐ Ja

☐ Nein

☐ Sonstiges:

B3 - Was erleben Sie zu Hause mit Ihren Kindern? Was ist positiv, was ist schwierig, was ist anders? Bitte geben Sie dabei das Alter Ihrer Kinder an.

Wenn Sie keine Kinder haben, können Sie diese Frage überspringen.

Meine Antwort

B4 - Wie reagieren Ihre Kinder auf die Corona-Situation? Was sagen sie dazu? Wie erleben sie diese?

Wenn Sie keine Kinder haben, können Sie diese Frage überspringen.

Meine Antwort

B5 - Sind Ihre Kinder verändert?

Wenn Sie keine Kinder haben, können Sie diese Frage überspringen.

☐ Ja

☐ Nein

☐ Sonstiges: _____

B6 - Wenn ja, in welchen Aspekten sind Ihre Kinder verändert? Hat sich das Spielverhalten Ihrer Kinder verändert? Hat sich die Beziehung zu ihnen verändert?
Wenn Sie keine Kinder haben, können Sie diese Frage überspringen.

Meine Antwort: _____

B7 - Was erleben Sie zuhause in Ihrer Partnerschaft während der Corona-Krise?
Was ist positiv, was ist schwierig, was ist anders? Geht Ihr(e) Partner(in) zur Arbeit in der jetzigen Situation?

Wenn Sie keine(n) Partner(in) haben, können Sie diese Frage überspringen.

Meine Antwort: _____

B8 - Was hat Ihnen psychologisch geholfen, um mit Schwierigkeiten in der Corona-Situation umzugehen?

Meine Antwort: _____

B9 - Haben Sie in der jetzigen Situation neue Bewältigungsmethoden probiert (z.B. Entspannungsmusik)?

Wenn ja, geben Sie unter "Sonstiges" an welche.

☐ Ja

☐ Nein

☐ Sonstiges: _____

B10 - Sind Sie mit Ihrer Arbeitssituation, so wie sie im Moment ist, zufrieden?

- ☐ Ja
- ☐ Nein

B11 - Wie erleben Sie Ihre Arbeitssituation (z.B. auf Arbeit, Homeoffice, Kurzarbeit)?
Was ist positiv, was ist schwierig, was ist anders?

Meine Antwort: _____

B12 - Nehmen Sie die Corona-Krise ernst?
Sie können Ihre Aussage unter "Sonstiges" erläutern.

- ☐ sehr ernst
- ☐ ernst
- ☐ geht so
- ☐ weiß nicht, was ich davon halten soll
- ☐ nicht ganz so ernst
- ☐ überhaupt nicht ernst
- ☐ da passiert sowieso nichts
- ☐ ist ein "Fake"
- ☐ Sonstiges: _____

Bitte kreuzen Sie an, inwiefern eher das erste oder zweite Attribut auf Sie zutrifft. Dabei können auf einer Abstufung von 1-7 variieren. (z.B. sehr traurig = 1, sehr sinnerfüllt = 7)

[illegible]

1=minderwertig 7=hoch selbstwertig	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1=unkontrolliert 7=selbstkontrolliert	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1=außen-orientiert 7=innen-orientiert	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1=schnell 7=langsam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1=ohne Körperempfinden 7=viel Körperempfinden	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1=disharmonisch 7=harmonisch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1=nicht verbunden 7=verbunden	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1=komplex,vielschichtig 7=simpel,einfach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1=Chaos, 7=Ordnung	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1=unstrukturiert 7=strukturiert	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Zusätzlicher Platz für Ihre Antworten:

Bitte geben Sie unbedingt die zugehörige Fragennummer an!

Meine Antwort

Teil C

Bei einem Großteil der Fragen brauchen Sie nur ein Kreuz zu setzen. Unter "Sonstiges" können an einigen Stellen weitere Anmerkungen oder Erklärungen hinzugefügt werden.

Am Ende eines jeden Abschnitts stehen Ihnen zusätzliche Zeilen für Ihre Antworten zur Verfügung.

Alternativ können Sie uns auch eine separate E-Mail (unter Angabe der Fragennummern und Ihres persönlichen Frage-Codes) an dpfa.gruppe@gmail.com senden.

C1 - Fühlen Sie sich im Moment gesund?

- ☐ Ja
- ☐ Nein

C2 - Wie schätzen Sie den Grad Ihrer Gesundheit im Allgemeinen ein?

1 2 3 4 5 6 7 8 9 10

Ich fühle mich sehr krank. ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Ich fühle mich sehr gesund.

C3 - Wie schätzen Sie Ihr Immunsystem im Allgemeinen ein?

1 2 3 4 5 6 7 8 9 10

sehr anfällig, instabil ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ überhaupt nicht anfällig, stabil

C4 - Wie schätzen Sie den Grad Ihres Wohlbefindens im Allgemeinen ein?

1 2 3 4 5 6 7 8 9 10

Ich fühle mich überhaupt nicht wohl. ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Ich fühle mich sehr wohl.

C5 - Sind Sie eher ein Morgen- oder ein Abendtyp?

- ☐ eher Morgentyp (Ich stehe gern morgens früh auf, auch an Tagen, wo ich eigentlich frei hätte./ Ich bin morgens leistungsfähiger.)
- ☐ eher Mischtyp
- ☐ eher Abendtyp (Je später es am Tag ist, desto besser ist meine Leistung. Ich gehe gern spät ins Bett.)

C6 - Hat sich dieser Typ während der Corona-Krise verändert?

Sie haben mehrere Antwortmöglichkeiten.

- ☐ Ja, ich stehe früher auf als sonst.
- ☐ Ja, ich stehe später auf als sonst.
- ☐ Ja, ich gehe früher ins Bett als sonst.
- ☐ Ja, ich gehe später ins Bett als sonst.
- ☐ Nein, der Typ hat sich nicht verändert.
- ☐ Ich habe meine Zeitstruktur verloren.

C6.1 - Hat sich die Zeitstrukturierung Ihres Tages verändert?

überhaupt nicht 2 3 4 5 6 7 8 9 10 sehr

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

C7 - Haben Sie eine Erkrankung in dieser Zeit gehabt? Welche?

Wenn ja, notieren Sie diese bitte unter "Sonstiges".

- ☐ Ja
- ☐ Nein
- ☐ Sonstiges: _____

C8 - Hatten Sie in den letzten zwei Wochen (bzw. seit der Corona-Phase) ... ?

- ☐ nächtliches Schwitzen
- ☐ Atemnot
- ☐ Schwindel
- ☐ Durchfall
- ☐ Nichts davon trifft auf mich zu.

C9 - Wie hoch ist Ihr Blutdruck im Allgemeinen?

- ☐ zu hoch
- ☐ normal
- ☐ zu niedrig
- ☐ weiß ich nicht

C10 - Hatten Sie in den letzten zwei Wochen bzw. seit der Corona-Phase zu hohen oder zu niedrigen Blutdruck?

- ☐ zu hoch
- ☐ normal
- ☐ zu niedrig
- ☐ weiß ich nicht

C10.1 - Welche Aussagen treffen bzgl. Ihres Blutdrucks zu?

	Ja	Nein
Nehmen Sie Blutdruck-Medikamente?	<input type="radio"/>	<input type="radio"/>
Können Sie zuhause Ihren Blutdruck messen?	<input type="radio"/>	<input type="radio"/>

C11 - Waren Sie in häuslicher Quarantäne?

- ☐ nein
- ☐ ja, vom Arzt aus
- ☐ ja, vom Arbeitgeber aus
- ☐ freiwillig

C12 - Haben Sie psychische oder körperliche Vorerkrankungen?

Wenn ja, notieren Sie bitte unter "Sonstiges" welche.

☐ ja

☐ nein

☐ Sonstiges: _____

C13 - Was sind Ihre größten Wünsche im Moment? Was würde Sie glücklich machen?

Meine Antwort: _____

C14 - Ist jemand aus Ihrem Umfeld am Coronavirus erkrankt?

Wenn ja, notieren sie bitte unter "Sonstiges" wie viele Personen.

☐ ja

☐ nein

☐ Sonstiges: _____

C15 - Belastet Sie, dass Sie nicht wissen, wer in Ihrem Umfeld erkrankt ist?

☐ ja

☐ ja, ab und zu

☐ nein

C16 - Haben Sie in der Zeit des Coronavirus ab und an ... getragen?

☐ Mundschutz

☐ Einweghandschuhe

☐ Sonstiges: _____

C17 - Sind Sie am Coronavirus erkrankt (durch Test nachgewiesen)?

Wenn ja, geben Sie bitte unter "Sonstiges" an, wie lange schon.

- ☐ Nein
- ☐ Ja, ich bin/ war in einer Klinik.
- ☐ Ja, ich bin/ war zuhause.
- ☐ Ich weiß es nicht.
- ☐ Sonstiges: _____

C18 - Haben Sie Angst am Corona-Virus zu erkranken?

- ☐ ja wahrscheinlich
- ☐ eventuell
- ☐ schwer zu sagen
- ☐ wahrscheinlich nicht
- ☐ definitiv nicht

C19 - Bitte beschreiben Sie Ihre Erfahrung mit Ihrer Coronavirus-Infektion.

(nur für Erkrankte)

Meine Antwort _____

C20 - Was hat Ihnen psychologisch geholfen damit fertig zu werden?

(nur für Erkrankte)

Meine Antwort _____

C21 - Welche psychischen Reaktionen haben Sie an sich beobachtet?

(nur für Erkrankte)

Meine Antwort

Zusätzlicher Platz für Ihre Antworten:

Bitte geben Sie unbedingt die zugehörige Fragennummer an!

Meine Antwort

Teil D

Bei einem Großteil der Fragen brauchen Sie nur ein Kreuz zu setzen. Unter "Sonstiges" können an einigen Stellen weitere Anmerkungen oder Erklärungen hinzugefügt werden.

Am Ende eines jeden Abschnitts stehen Ihnen zusätzliche Zeilen für Ihre Antworten zur Verfügung.

Alternativ können Sie uns auch eine separate E-Mail (unter Angabe der Fragennummern und Ihres persönlichen Frage-Codes) an dpfa.gruppe@gmail.com senden.

D1 - Empfinden Sie die Situation in Bezug auf den Coronavirus-Alltag als Belastung?

überhaupt nicht 1 2 3 4 5 6 7 8 9 10 sehr

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

D2 - Was belastet Sie?

Nennen Sie die größte Belastung zuerst, die geringste Belastung zuletzt.

Meine Antwort

D2.1 - Gab es einen Zeitpunkt, an dem sich Ihr Belastungsempfinden bezüglich der Corona-Krise verändert hat?

- ☐ ist abgesunken
- ☐ wechselhaft
- ☐ ist angestiegen
- ☐ ist gleich geblieben
- ☐ Sonstiges: _____

D2.2 - Wann war Ihr Belastungsempfinden in der Restriktions-Phase am größten (z.B. in den ersten zwei Wochen, nach drei Wochen, zu Beginn der Maskenpflicht, usw.)?

Meine Antwort _____

D3 - Wie ist Ihr persönliches, durchschnittliches Verhältnis von Entspannungs- und Belastungszeiten in dieser Situation?

	1	2	3	4	5	6	7	8	9	10	
ausschließlich entspannt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	ausschließlich belastet

D4 - Wie gelang es Ihnen in der jetzigen Situation in Momenten der Ruhe abzuschalten?

	1	2	3	4	5	6	7	8	9	10	
ohne Probleme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	mit sehr großen Problemen

überhaupt nicht ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ sehr

Meine Antwort

[illegible]

Meine Antwort

ist überhaupt nicht bedroht ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ist sehr bedroht

D10 - Es gibt existenzielle Bedürfnisse. Welche davon empfinden Sie derzeit als bedroht: ... das Bedürfnis Einfluss auf seine Umwelt zu haben

	1	2	3	4	5	6	7	8	9	10	
ist überhaupt nicht bedroht	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	ist sehr bedroht

D11 - Es gibt existenzielle Bedürfnisse. Welche davon empfinden Sie derzeit als bedroht ... das Bedürfnis sich selbst entwickeln zu können

	1	2	3	4	5	6	7	8	9	10	
ist überhaupt nicht bedroht	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	ist sehr bedroht

D12 - Es gibt existenzielle Bedürfnisse. Welche davon empfinden Sie in welchem Ausmaß als bedroht ... das Bedürfnis sich selbst unter Kontrolle zu haben

	1	2	3	4	5	6	7	8	9	10	
ist überhaupt nicht bedroht	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	ist sehr bedroht

D13 - Welche weiteren Bedürfnisse empfinden Sie als bedroht?

Meine Antwort _____

D14 - Empfinden Sie die jetzige Situation als eintönig (monoton)?

	1	2	3	4	5	6	7	8	9	10	
überhaupt nicht eintönig, sehr vielseitig	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	sehr eintönig, langweilig

D15 - Ich fühle mich mengenmäßig (quantitativ) durch die Aufgaben in meinem Alltag in der jetzigen Situation überfordert bzw. unterfordert.

1 2 3 4 5 6 7 8 9 10

sehr überfordert

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

sehr unterfordert

D16 - Was überfordert Sie?

Meine Antwort

D17 - Was haben Sie seit Beginn der Corona-Krise gefühlt? Wie hat sich das Gefühl im Verlauf der Krise verändert?

Meine Antwort

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D18 - Wie haben sich folgende Emotionslagen seit Beginn der Corona-Krise verändert?

	1 - überhaupt nicht	2 - sehr wechselhaft	3 - angestiegen	4 - abgesunken	5 - gleich geblieben
Angst	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traurigkeit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wut, Ärger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aggressivität	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wechsel zwischen Hoffnung und Resignation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frustration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Einsamkeit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Empathie/ Liebe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Altruismus (anderen etwas selbstlos geben)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Langeweile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D19 - In welcher Ausprägung sind folgende Emotionslagen in der letzten sieben Tagen bei Ihnen aufgetreten?

	1 - sehr wenig	2	3	4	5	6	7 - sehr viel
Angst	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traurigkeit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wut/ Ärger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aggressivität	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wechsel zwischen Hoffnung und Res		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frustration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Einsamkeit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Empathie/ Liebe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Altruismus (anderen etwas selbstlos geben)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Langeweile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D20 - Wie hat sich in der Zeit der Restriktionen Ihr Körpergefühl verändert? Bitte beschreiben sie wie sich ihr Körper anfühlt?

Meine Antwort

Teil E

Bei einem Großteil der Fragen brauchen Sie nur ein Kreuz zu setzen. Unter "Sonstiges" können an einigen Stellen weitere Anmerkungen oder Erklärungen hinzugefügt werden.

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E1 - Sind Sie optimistisch, was die Lösung dieser Krise betrifft?

1 2 3 4 5 6 7 8 9 10
sehr pessimistisch ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ sehr optimistisch

E2 - Was sind Ihre Ansichten zur Zukunft? Wie geht es weiter?

Meine Antwort _____

Bitte kreuzen Sie an, inwiefern eher das erste oder zweite Attribut auf Sie zutrifft. Dabei können auf einer Abstufung von 1-7 variieren. (z.B. sehr traurig = 1, sehr sinnerfüllt = 7)

[illegible]

1=zusammengezogen 7=expansiv	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1=minderwertig 7=hoch selbstwertig	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1=unkontrolliert 7=selbstkontrolliert	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1=außen-orientiert 7=innen-orientiert	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1=schnell 7=langsam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1=ohne Körperempfinden 7=viel Körperempfinden	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1=disharmonisch 7=harmonisch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1=nicht verbunden 7=verbunden	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1=komplex,vielschichtig 7=simpel,einfach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1=Chaos, 7=Ordnung	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1=unstrukturiert 7=strukturiert	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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E4 - Haben Sie eine Vorstellung darüber, ab wann das Leben wieder normal sein wird?

- ☐ April
☐ Mai
☐ Juni
☐ Juli
☐ August
☐ September
☐ Oktober
☐ November
☐ Dezember
☐ Sonstiges: _____

E5 - Was verstehen Sie unter "wieder normales Leben"?

Meine Antwort _____

E6 - Wie spannend finden Sie, was gerade passiert?

	1	2	3	4	5	6	7	8	9	10	
nicht spannend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	sehr spannend

E7 - Was finden Sie an der Situation spannend?

Meine Antwort _____

E8 - Hat sich Ihre Einstellung geändert auf die Frage, wo Sie leben möchten?

1 2 3 4 5 6 7 8 9 10

überhaupt nicht

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

völlig geändert

E9 - Hat sich Ihre Einstellung geändert auf die Frage, mit wem Sie leben möchten?

1 2 3 4 5 6 7 8 9 10

überhaupt nicht

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

völlig geändert

E10 - Hat sich Ihre Einstellung geändert auf die Frage, ob der Beruf, in dem Sie arbeiten, der richtige ist?

1 2 3 4 5 6 7 8 9 10

überhaupt nicht

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

völlig geändert

E11 - Ab wann haben Sie den "Ernst" der Situation verstanden?

Meine Antwort

E12 - Wie fühlen Sie sich generell im Moment?

	1 - trifft überhaupt nicht zu	2	3	4	5 - trifft voll und ganz zu
Ich fühle mich leicht überwältigt durch starke Sinneseindrücke.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Die Stimmungen anderer Menschen beeinflussen mich.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich besitze ein reiches, vielschichtiges Innenleben.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kunstvolle Musik bewegt mich tief.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Manchmal liegen meine Nerven derart blank, dass ich nur noch allein sein möchte.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich bin schreckhaft.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Veränderungen in meinem Leben treffen mich sehr heftig.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich bemerke und genieße feine Düfte, Geschmäcker, Klänge oder Kunstwerke.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laute Geräusche, chaotische Szenen und ähnliche starke Reize stören mich.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich bin vom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Ich bin vom
Thema Corona
nervt.

E13 - Bemerken Sie Veränderungen bei Ihren Mitmenschen? Wenn ja, welche?

Meine Antwort

E14 - Bemerken Sie Veränderungen bei sich selbst? Wenn ja, welche?

Meine Antwort

E15 - Bemerken Sie Veränderungen in Ihrem Umfeld/ in der Natur? Wenn ja, welche?

Meine Antwort

E16 - Gab es Dinge, die Sie in dieser Zeit gemacht haben, die sie davor lange nicht mehr taten? Wenn ja, welche?

Meine Antwort

E17 - Hat bei Ihnen ein Umdenken über bestimmte Dinge stattgefunden? Haben Sie etwas Neues dazu gelernt?

Meine Antwort

E18 - Was denken Sie wird nachhaltig an dieser Krise bleiben (persönlich, familiär, gesellschaftlich)?

Meine Antwort

E19 - Es gibt viele negative Aspekte. Gibt es generell positive Aspekte an der jetzigen Situation?

Meine Antwort

E20 - Was fehlt Ihnen am meisten in der jetzigen Situation?

Meine Antwort

Zusätzlicher Platz für Ihre Antworten:

Bitte geben Sie unbedingt die zugehörige Fragennummer an!

Meine Antwort

Teil F

Bei einem Großteil der Fragen brauchen Sie nur ein Kreuz zu setzen. Unter "Sonstiges" können an einigen Stellen weitere Anmerkungen oder Erklärungen hinzugefügt werden.

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F1 - Welche Verhaltensweisen haben Sie verändert?

	überhaupt nicht	selten	manchmal	oft
Ich habe mich im Vergleich zu vor dem Corona-Virus gesünder ernährt.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich habe gründlicher auf meine Handhygiene geachtet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich habe darauf geachtet mein Gesicht nicht zu berühren.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich habe mich von Menschenmassen ferngehalten.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich habe Gegenstände (z.B. Türklinken, Handy etc.) desinfiziert.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich habe im Vergleich zu vor dem Corona-Virus eine Schutzmaske getragen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich habe im Vergleich zu vor dem Corona-Virus Vorräte eingekauft.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F2 - Im Vergleich zu Zeiten vor dem Corona-Ausbruch ...

	überhaupt nicht	selten	manchmal	oft
...ist die Gesellschaft ist egoistischer geworden.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...achte ich mehr auf meine Gesundheit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...interagiere ich weniger mit Menschen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...ist meine Beziehungsqualität schlechter.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...helfe ich Menschen mehr.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...fühle ich Solidarität mit anderen Menschen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...habe ich das Gefühl etwas für die Gesellschaft zu tun.	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
...mache ich mir mehr Gedanken um meine Partnerschaft/Familie.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...mache ich mir mehr Gedanken um meine Freunde.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...ist die Gesellschaft enger zusammengerückt.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...mache ich mir mehr Sorgen um die berufliche Zukunft.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...sind andere Menschen eine Bedrohung für meine Gesundheit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...mir fehlt der Verlust an sozialen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Beziehungen.

...esse ich mehr.

☐☐☐☐

F2.1 - Würden Sie sich eher als abgestumpft (hyposensibel) oder hoch sensibel (hypersensibel) einstufen?

1 2 3 4 5 6 7 8 9 10

sehr hyposensibel

☐☐☐☐☐☐☐☐☐☐☐

sehr hypersensibel

F3 - Was war Ihre Motivation diese Verhaltensweisen zu ändern?

☐

um andere zu schützen

☐

um mich selbst zu schützen

☐

um meine Familie zu schützen

☐

Sonstiges:

F4 - Mit welchen Medien haben Sie mit Ihren Freunden oder mit anderen Menschen kommuniziert?

Meine Antwort

F5 - Wie häufig haben Sie das Haus in der letzten Woche verlassen?

☐

nie

☐

einmal täglich

☐

kaum

☐

mehrmals täglich

☐

mehrmals wöchentlich

F6 - Aus welchen Gründen haben Sie das Haus verlassen?

Bitte bringen Sie die Gründe in eine Reihenfolge, d.h. nennen Sie die für Sie wichtigsten Antworten zu erst.

Meine Antwort

F7 - Sind Sie der Auffassung, dass das Leben nach der Krise nicht mehr dasselbe sein wird wie zuvor?

☐

Ja

☐

Nein

F8 - Wenn ja, warum, in welchen Aspekten?

Meine Antwort

F9 - Wie war Ihr Bewegungsdrang in der Zeit, in der Sie zu Hause bleiben mussten?

Bitte beschreiben Sie unter "Sonstiges" was Sie getan haben, um den Bewegungsdrang auszugleichen.

☐ viel höher, als normal

☐ höher, als normal - ich will mich die ganze Zeit bewegen (hyperaktiv)

☐ etwas höher, als normal

☐ normal

☐ niedriger als gewöhnlich

☐ sehr niedrig, faul (hypoaktiv)

☐ Sonstiges:

F10 - Hilft Ihnen ein Haustier die Krisen-Zeit besser zu bewältigen?

- ☐ Nein, ich habe kein Haustier.
- ☐ Nein, mein Haustier hilft mir nicht.
- ☐ Ja, mein Haustier hilft mir.
- ☐ Ich wünschte ich hätte ein Haustier.

F11 - Welches Haustier haben Sie und inwieweit hilft Ihnen Ihr Haustier die Corona-Restriktionsphase zu überstehen?

Wenn Sie kein Haustier haben, können Sie diese Frage überspringen.

Meine Antwort

Zusätzlicher Platz für Ihre Antworten:

Bitte geben Sie unbedingt die zugehörige Fragennummer an!

Meine Antwort

Teil G

Bei einem Großteil der Fragen brauchen Sie nur ein Kreuz zu setzen. Unter "Sonstiges" können an einigen Stellen weitere Anmerkungen oder Erklärungen hinzugefügt werden.

Am Ende eines jeden Abschnitts stehen Ihnen zusätzliche Zeilen für Ihre Antworten zur Verfügung.

Alternativ können Sie uns auch eine separate E-Mail (unter Angabe der Fragennummern und Ihres persönlichen Frage-Codes) an dpfa.gruppe@gmail.com senden.

G1 - Inwieweit trafen diese Aussagen in Bezug auf die Corona-Situation in der letzten Woche auf Sie zu?

	überhaupt nicht	selten	manchmal	oft
Ich hatte Schwierigkeiten nachts durchzuschlafen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Andere Dinge erinnerten mich immer wieder daran:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich fühlte mich reizbar und ärgerlich.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich versuchte, mich nicht aufzuregen, wenn ich daran dachte oder daran erinnert wurde.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Auch ohne es zu beabsichtigen, musste ich daran denken.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Es kam mir so vor, als ob es gar nicht geschehen wäre oder irgendwie unwirklich war.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich versuchte, Erinnerungen daran aus dem Weg zu gehen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich war leicht reizbar und schreckhaft.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich versuchte, nicht daran zu denken.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich merkte zwar, dass meine Gefühle durch das	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Ereignis noch
sehr aufgewühlt
waren, aber ich
beschäftigte mich
nicht mit ihnen.

Die Gefühle, die
das Ereignis in mir
auslösten, waren
ein bisschen wie
abgestumpft.

☐☐☐☐

Ich konnte nicht
einschlafen, weil
ich immer dieses
Ereignis vor mir
hatte.

☐☐☐☐

Es kam mir vor,
dass die Gefühle,
die mit dem
Ereignis
zusammenhingen,
plötzlich für kurze
Zeit viel heftiger
wurden.

☐☐☐☐

Es fiel mir schwer,
mich zu
konzentrieren.

☐☐☐☐

Die Erinnerungen
an das Ereignis
lösten bei mir
körperliche
Reaktionen aus,
wie Schwitzen,
Atemnot,
Schwindel oder
Herzklopfen.

☐☐☐☐

Ich träumte
davon.

☐☐☐☐

Ich empfand mich
selbst als sehr
vorsichtig,
aufmerksam oder
hellhörig.

☐☐☐☐

Ich versuchte,
nicht darüber zu
sprechen.

☐☐☐☐

Zusätzlicher Platz für Ihre Antworten:

Bitte geben Sie unbedingt die zugehörige Fragennummer an!

Meine Antwort _____

Teil H

Bei einem Großteil der Fragen brauchen Sie nur ein Kreuz zu setzen. Unter "Sonstiges" können an einigen Stellen weitere Anmerkungen oder Erklärungen hinzugefügt werden.

Am Ende eines jeden Abschnitts stehen Ihnen zusätzliche Zeilen für Ihre Antworten zur Verfügung.

Alternativ können Sie uns auch eine separate E-Mail (unter Angabe der Fragennummern und Ihres persönlichen Frage-Codes) an dpfa.gruppe@gmail.com senden.

H1 - Benötigen Sie viel oder wenig Informationen über das Ereignis?

1 2 3 4 5 6 7 8 9 10
sehr wenig ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ sehr viel

H2 - Woher bekamen Sie Informationen über den Coronavirus?

- ☐ Facebook/Twitter
- ☐ TV/Radio
- ☐ Internet
- ☐ Zeitung/Magazine
- ☐ mündlich
- ☐ Arbeit/ Regierung
- ☐ Sonstiges: _____

H3 - Wie oft bekamen Sie Informationen über das Ereignis?

- ☐ mehrmals stündlich
- ☐ stündlich
- ☐ mehrmals am Tag
- ☐ einmal täglich
- ☐ unregelmäßig
- ☐ selten

H4 - Waren Sie zufrieden mit der Berichterstattung?

- ☐ ja
- ☐ nein
- ☐ teilweise
- ☐ manipuliert

H5 - Mit was waren Sie bei der Berichterstattung unzufrieden?

Meine Antwort

H6 - Fanden Sie die Restriktionen, die aufgrund der Corona-Krise eingeführt wurden, als gerechtfertigt?

- ☐ Ja
- ☐ Nein
- ☐ Teilweise

H7 - Die Restriktionen sind gelockert worden. Wie erleben sie diese Übergangsphase? Was denken Sie darüber?

Meine Antwort

H8 - Wie wohl fühlen Sie sich beim Tragen einer Gesichtsmaske?

- ☐ Ich fühle mich sehr unwohl.
- ☐ Ich fühle mich unwohl.
- ☐ Ich fühle mich wenig wohl.
- ☐ Ich fühle mich wohl.
- ☐ Ich fühle mich sehr wohl.

H9 - Wie empfinden Sie die neu eingeführte Masken-Pflicht? Warum fühlen Sie sich wohl bzw. unwohl?

Meine Antwort

H10 - Haben Sie sich an die Masken-Pflicht gehalten, seit diese eingeführt wurde?

- ☐ Ja
- ☐ Nein
- ☐ Teilweise

H11 - Inwieweit trafen diese Aussagen in Bezug auf die Corona-Situation in den letzten sieben Tagen auf Sie zu?

	überhaupt nicht	ein wenig	ziemlich	stark	sehr stark
Ich finde die Panikmache völlig übertrieben.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich empfinde die Hamsterkäufe als unsolidarisch.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich habe selbst Hamsterkäufe getätigt, oder daran gedacht es zu tun. (z.B. Toilettenpapier)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seit der Coronavirus-Situation bin ich besorgt, ob ich in Deutschland noch sicher lebe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich habe mein Verhalten wegen der Vorkommnisse geändert, schaue mir z.B. meine Mitmenschen genauer an.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich merke, dass ich seit der Coronavirus-Situation Angst vor dem Sterben habe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich fühle mich jetzt unsicherer als nach den Terroranschlägen am 11.09.2001 in New York.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Das Leben ist nicht mehr so unbeschwert wie vor dem Coronavirus-	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Ausbruch.					
Ich habe durch die Vorkommnisse angefangen, mich verstärkt mit Esoterik, Spiritualität und Lebens-Sinnfragen zu beschäftigen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mein Blick auf die Zukunft ist nicht anders als vorher.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich bin seit dem Coronavirus-Ausbruch misstrauischer gegenüber anderen Kulturen (z.B. Chinesen).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich denke, dass der Coronavirus-Ausbruch Teil einer Verschwörung (z.B. Geheimwaffe etc.) ist.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seit dem Coronavirus-Ausbruch habe ich Angst vor einem dritten Weltkrieg.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Die Maßnahmen der Bundesregierung bzw. meines Arbeitgebers geben mir ein Gefühl der Sicherheit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich finde Witze über dem Coronavirus geschmacklos.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich befürchte die Einschränkung meiner Freiheit durch übertriebene Sicherheitspolitik.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seit dem Coronavirus-Ausbruch hat sich	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

mein Bedürfnis
verstärkt, mich über
weltpolitische
Ereignisse zu
informieren.

Durch die
vorgesehenen
Maßnahmen habe
ich Angst vor einem
Überwachungsstaat.

Ich fühle mich
sicher in meinem
Land.

Die meisten
Medienberichte
verfolge ich am
Rande.

Die Bilder und
Berichte in den
Medien vermitteln
mir immer wieder
aufs Neue ein
mühsames Gefühl.

Die Facebook-
Beiträge empfand
ich als „Hysterie-
Booster“ (Anheizer).

Politiker bemühen
sich um einen engen
Kontakt zur
Bevölkerung.

Politiker kümmern
sich, was einfache
Leute denken.

Der Körperkontakt
zu anderen
Menschen fehlt mir.

Mir ist es langweilig
zu Hause.

Ich vertraue der
Gesundheitspolitik
meines Landes.

☐☐

Ich habe häufig über
das Coronavirus
nachgedacht.

☐☐☐☐☐

Ich habe häufig
nach Infos gesucht
(z.B. Internet).

☐☐☐☐☐

Zusätzlicher Platz für Ihre Antworten:

Bitte geben Sie unbedingt die zugehörige Fragennummer an!

Meine Antwort

Teil I

Bei einem Großteil der Fragen brauchen Sie nur ein Kreuz zu setzen. Unter "Sonstiges" können an einigen Stellen weitere Anmerkungen oder Erklärungen hinzugefügt werden.

Am Ende eines jeden Abschnitts stehen Ihnen zusätzliche Zeilen für Ihre Antworten zur Verfügung.

Alternativ können Sie uns auch eine separate E-Mail (unter Angabe der Fragennummern und Ihres persönlichen Frage-Codes) an dpfa.gruppe@gmail.com senden.

I1 - Wie beurteilen Sie die folgenden Aussagen?

	stimme ganz und gar nicht zu	stimme wenig zu	stimme etwas zu	stimme ziemlich zu	stimme voll und ganz zu
Unruhestifter sollten deutlich zu spüren bekommen, dass sie in der Gesellschaft unerwünscht sind.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gesellschaftliche Regeln sollten ohne Mitleid durchgesetzt werden.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wir brauchen starke Führungspersonen, damit wir in der Gesellschaft sicher leben können.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Menschen sollten wichtige Entscheidungen in der Gesellschaft Führungspersonen überlassen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wir sollten dankbar sein für führende Köpfe, die uns genau sagen, was wir tun können.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bewährte Verhaltensweisen sollten nicht in Frage gestellt werden.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Es ist immer das Beste, Dinge in der üblichen Art und Weise zu machen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Es bereitet mir Unbehagen, wenn ich mit einem Chaos konfrontiert	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

werde
(Selbstkontrolle).

Für mich ist
Selbstkontrolle
und Disziplin sehr
wichtig.

☐ ☐ ☐ ☐ ☐

Im Allgemeinen
kann man den
Menschen
vertrauen.

☐ ☐ ☐ ☐ ☐

In schwierigen
Situationen kann
ich mich auf meine
Fähigkeiten
verlassen.

☐ ☐ ☐ ☐ ☐

I2 - Nun geht es um Ihre allgemeine Lebenszufriedenheit. Wie zufrieden sind Sie gegenwärtig, alles in allem, mit Ihrem Leben?

1 2 3 4 5 6 7 8 9 10

überhaupt nicht
zufrieden

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

völlig
zufrieden

I3 - Wie schätzen Sie sich persönlich ein: Wie risikobereit sind Sie im Allgemeinen?

1 2 3 4 5 6 7 8 9 10

gar nicht risikobereit

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

sehr risikobereit

I4 - Haben Sie eine Erklärung dafür, warum so viel Toilettenpapier gekauft bzw. warum gehamstert wurde?

(bitte keine scherzhaften Antworten, seriös bleiben)

Meine Antwort

I5 - Ich kann mich mit anderen Menschen verbinden, ohne diskriminierend gegenüber einer Unterschiedlichkeit dieser Menschen zu sein (z.B. Nation, Geschlecht, Religion, Kultur).

1 2 3 4 5 6 7
stimme überhaupt nicht zu ☐ ☐ ☐ ☐ ☐ ☐ ☐ stimme völlig zu

I6 - Ich kann andere wertschätzen und aufwertend anerkennen.

1 2 3 4 5 6 7
stimme überhaupt nicht zu ☐ ☐ ☐ ☐ ☐ ☐ ☐ stimme völlig zu

Zusätzlicher Platz für Ihre Antworten:

Bitte geben Sie unbedingt die zugehörige Fragennummer an!

Meine Antwort

Teil J

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J1 - Wie fühlten Sie sich in der letzten Woche?

	stimmt nicht	stimmt ein wenig	stimmt etwas	stimmt weitestgehend	stimmt vollständig
Ich fühlte mich hilflos.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich empfand Traurigkeit und seelischen Schmerz.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich fühlte mich frustriert/ ärgerlich nicht mehr tun zu können.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich fürchtete um meine Sicherheit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich fühlte mich schuldig, dass nicht mehr getan wurde.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich schämte mich für meine Gefühlsreaktion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich war beunruhigt über die Sicherheit der anderen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich war nahe daran, die Kontrolle über meine Gefühle zu verlieren.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich hatte Probleme, meinen Darm/ meine Blase zu beherrschen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich war entsetzt über das Geschehene.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich hatte Körperreaktionen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Schwitzen,
Zittern,
Herzklopfen.

Ich fühlte, ich
würde
ohnmächtig
werden.

☐ ☐ ☐ ☐ ☐

Ich dachte, ich
müsste sterben.

☐ ☐ ☐ ☐ ☐

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Bitte geben Sie an, wie oft folgende Aussagen auf Sie zutreffen. Bei „fast nie“ kreuzen Sie ganz links, bei „fast immer“ ganz rechts an. Mit den Kästchen dazwischen können Sie abstimmen.

[illegible]

mir zu viel wird.

Manchmal bin ich
verzweifelt über
die Situation.

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Ich bin der
Meinung, dass wir
Menschen diesen
Planeten
zerstören und
werde mein
Verhalten ändern.

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

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J3 - Wie sehr treffen folgende Aussagen auf Sie zu?

	trifft gar nicht zu	trifft wenig zu	trifft etwas zu	trifft ziemlich zu	trifft voll und ganz zu
Es ist schon vorgekommen, dass ich jemanden ausgenutzt habe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Auch wenn ich selbst gestresst bin, behandle ich andere immer freundlich und zuvorkommend.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Manchmal helfe ich jemandem nur, wenn ich eine Gegenleistung erwarten kann.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Im Streit bleibe ich stets sachlich und objektiv.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich habe schon mal Müll einfach in die Landschaft oder auf die Straße geworfen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wenn ich mich mit jemandem unterhalte, höre ich ihm immer aufmerksam zu.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

J4 - Wie sehr stimmen Sie folgenden Aussagen über Ihre Einstellung zu?

	stimme nicht zu	stimme eher nicht zu	unentschieden	stimme eher zu	stimme zu	stimme völlig zu
Der Tod hat wenig Bedeutung für mich.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich bin nicht besorgt darüber, dass ich irgendwann einmal sterben muss.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich akzeptiere den Tod als eine Erfahrung, die einfach zum Leben gehört.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Zusätzlicher Platz für Ihre Antworten:

Bitte geben Sie unbedingt die zugehörige Fragennummer an!

Meine Antwort

Teil K

Bei einem Großteil der Fragen brauchen Sie nur ein Kreuz zu setzen. Unter "Sonstiges" können an einigen Stellen weitere Anmerkungen oder Erklärungen hinzugefügt werden.

Am Ende eines jeden Abschnitts stehen Ihnen zusätzliche Zeilen für Ihre Antworten zur Verfügung.

Alternativ können Sie uns auch eine separate E-Mail (unter Angabe der Fragennummern und Ihres persönlichen Frage-Codes) an dpfa.gruppe@gmail.com senden.

K1 - Haben Sie sich an die Regeln gehalten (keine Versammlungen, kein Körperkontakt)?

1 2 3 4 5 6 7

Regeln waren mir egal

☐ ☐ ☐ ☐ ☐ ☐ ☐

sehr genau an die Regeln gehalten

K2 - Welche Regeln haben Sie verletzt und was haben Sie dabei gefühlt?

Meine Antwort

K3 - Was ist Ihnen am Schwersten gefallen?

	trifft gar nicht zu	trifft wenig zu	trifft etwas zu	trifft ziemlich zu	trifft voll und ganz zu
Kein Körperkontakt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fehlende soziale Aktivitäten	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hände waschen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In die Armbeuge husten/ niesen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nicht auf Arbeit gehen können	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dass die Kinder zu Hause waren	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kein Geld zu verdienen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

K4 - Gibt es weitere Faktoren, die Ihnen schwer gefallen sind?

Meine Antwort

K5 - Wie erleben Sie den Verlust der Berührungen, Umarmungen?

- ☐ fehlt mir sehr
- ☐ fehlt mir ein wenig
- ☐ fehlt mir nicht
- ☐ ich habe es sowieso nie gemacht
- ☐ ich hole es mir in der Partnerschaft

K6 - Welche Kontakte vermissen Sie?

- ☐ Singen/ Musizieren
- ☐ Tanzen
- ☐ Augenkontakt
- ☐ flüchtige Begegnung
- ☐ enger beieinander stehen/ sitzen
- ☐ sich täglich sehen/ treffen
- ☐ Familie/ Freunde treffen
- ☐ Gespräche mit anderen
- ☐ Hand geben
- ☐ Umarmungen
- ☐ flüchtige Küsse
- ☐ sich Küssen
- ☐ Sex
- ☐ Sonstiges: _____

K7 - Wie haben Sie die Situation der körperlichen Kontaktlosigkeit für sich bewältigt?

Meine Antwort _____

K8 - Wie hat sich in der Zeit der Restriktionen Ihr Körpergefühl verändert? Bitte beschreiben sie wie sich ihr Körper anfühlt?

Meine Antwort

Zusätzlicher Platz für Ihre Antworten:

Bitte geben Sie unbedingt die zugehörige Fragennummer an!

Meine Antwort

Teil L

Bei einem Großteil der Fragen brauchen Sie nur ein Kreuz zu setzen. Unter "Sonstiges" können an einigen Stellen weitere Anmerkungen oder Erklärungen hinzugefügt werden.

Am Ende eines jeden Abschnitts stehen Ihnen zusätzliche Zeilen für Ihre Antworten zur Verfügung.

Alternativ können Sie uns auch eine separate E-Mail (unter Angabe der Fragennummern und Ihres persönlichen Frage-Codes) an dpfa.gruppe@gmail.com senden.

L1 - Wie sehr treffen folgende Aussagen auf Sie zu?

	trifft gar nicht zu	trifft wenig zu	trifft etwas zu	trifft ziemlich zu	trifft voll und ganz zu
Ich bin davon überzeugt, dass man mich sehr mögen kann.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich bin unbeschwert und gut aufgelegt.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich finde mich sehr sympathisch.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich bin wunschlos glücklich und in völligem Einklang mit mir und meiner Umwelt.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich bin unbekümmert und sorglos.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich bin ein ruhiger, ausgeglichener Mensch.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich bin offen für Kritik an meiner Person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wenn etwas schiefgelaufen ist, sage ich mir, dass wird sich mit der Zeit schon wieder einrenken.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meine Art kommt bei anderen gut an.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich habe das Gefühl, dass die	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

meisten
Menschen mich
gerne mögen.

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L2 - Wie sehr treffen folgende Aussagen auf Sie zu?

	trifft überhaupt nicht zu	trifft eher nicht zu	weder noch	eher zutreffend	trifft voll und ganz zu
Ich bin eher zurückhaltend, reserviert.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich schenke anderen leicht Vertrauen, glaube an das Gute im Menschen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich bin bequem, neige zu Faulheit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich bin entspannt, lasse mich nicht durch Stress aus der Ruhe bringen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich habe nur wenig künstlerisches Interesse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich gehe aus mir heraus, bin gesellig.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich neige dazu, andere zu kritisieren.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich erledige Aufgaben gründlich.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich werde leicht nervös und unsicher.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich habe eine aktive Vorstellungskraft, bin fantasievoll.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Zusätzlicher Platz für Ihre Antworten:

Bitte geben Sie unbedingt die zugehörige Fragennummer an!

Meine Antwort

Teil M

Bei einem Großteil der Fragen brauchen Sie nur ein Kreuz zu setzen. Unter "Sonstiges" können an einigen Stellen weitere Anmerkungen oder Erklärungen hinzugefügt werden.

Am Ende eines jeden Abschnitts stehen Ihnen zusätzliche Zeilen für Ihre Antworten zur Verfügung.

Alternativ können Sie uns auch eine separate E-Mail (unter Angabe der Fragennummern und Ihres persönlichen Frage-Codes) an dpfa.gruppe@gmail.com senden.

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M1 - Wie stark treffen diese Aussagen seit dem Coronavirus auf Sie zu?

Bitte kreuzen Sie für jeden der folgenden Begriffe an, wie stark er für die Situation des Coronavirus zutrifft.

	trifft gar nicht zu	trifft ein wenig zu	trifft mittelmäßig zu	trifft ziemlich zu	trifft sehr stark zu
Informationen suchen über Erkrankungen und Behandlungen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nicht wahrhaben-Wollen des Geschehenen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Herunterspielen der Bedeutung der Tragweite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wunschdenken und Tagträumen nachhängen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sich selbst die Schuld geben	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Andere verantwortlich machen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aktive Anstrengungen zur Lösung der Probleme unternehmen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Einen Plan machen und danach handeln	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ungeduldig und gereizt auf andere reagieren	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gefühle nach außen zeigen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gefühle unterdrücken, Selbstbeherrschung	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stimmungsverbesserung durch Alkohol oder Beruhigungsmittel suchen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sich mehr gönnen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sich vornehmen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sich vornehmen
intensiver zu leben

☐ ☐ ☐ ☐ ☐

Entschlossen gegen die
Krankheit kämpfen

☐ ☐ ☐ ☐ ☐

Sich selbst bemitleiden

☐ ☐ ☐ ☐ ☐

Sich selbst Mut machen

☐ ☐ ☐ ☐ ☐

Erfolge und
Selbsttätigung suchen

☐ ☐ ☐ ☐ ☐

Versuchen sich
abzulenken

☐ ☐ ☐ ☐ ☐

Versuchen Abstand zu
gewinnen

☐ ☐ ☐ ☐ ☐

Die Krankheit als
Schicksal annehmen

☐ ☐ ☐ ☐ ☐

Ins Grübeln kommen

☐ ☐ ☐ ☐ ☐

Trost im religiösen
Glauben suchen

☐ ☐ ☐ ☐ ☐

Versuch, in der Krankheit
einen Sinn zu sehen

☐ ☐ ☐ ☐ ☐

Sich damit trösten, dass
es andere noch
schlimmer getroffen hat

☐ ☐ ☐ ☐ ☐

Mit dem Schicksal
hadern

☐ ☐ ☐ ☐ ☐

Genau den ärztlichen Rat
befolgen

☐ ☐ ☐ ☐ ☐

Vertrauen in die Ärzte
setzen

☐ ☐ ☐ ☐ ☐

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M2 - Wie stark treffen diese Aussagen seit dem Coronavirus auf Sie zu?

	trifft gar nicht zu	trifft ein wenig zu	trifft mittelmäßig zu	trifft ziemlich zu	trifft sehr stark zu
Den Ärzten misstrauen, Diagnosen überprüfen lassen, andere Ärzte aufsuchen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anderen Gutes tun wollen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Galgenhumor entwickeln	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hilfe anderer in Anspruch nehmen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sich gerne umsorgen lassen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sich von anderen Menschen zurückziehen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sich auf frühere Erfahrungen mit ähnlichen Schicksalsschlägen besinnen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

M3 - Was hilft Ihnen am meisten, um mit der aktuellen Situation fertig zu werden?

Bitte nennen Sie aus den letzten zwei Tabellen die drei Aussagen, die Ihnen am meisten
geholfen haben (Nr. 1, Nr. 2, Nr. 3).

Meine Antwort

Zusätzlicher Platz für Ihre Antworten:

Bitte geben Sie unbedingt die zugehörige Fragennummer an!

Meine Antwort

Teil N

Bei einem Großteil der Fragen brauchen Sie nur ein Kreuz zu setzen. Unter "Sonstiges" können an einigen Stellen weitere Anmerkungen oder Erklärungen hinzugefügt werden.

Am Ende eines jeden Abschnitts stehen Ihnen zusätzliche Zeilen für Ihre Antworten zur Verfügung.

Alternativ können Sie uns auch eine separate E-Mail (unter Angabe der Fragennummern und Ihres persönlichen Frage-Codes) an dpfa.gruppe@gmail.com senden.

N1 - Haben Sie das Gefühl, dass Sie in einer ungewohnten Situation sind und nicht wissen, was Sie tun sollen?

sehr oft 1 2 3 4 5 6 7 sehr selten oder nie

N2 - Wenn Sie über das Leben nachdenken, ist es dann sehr oft so, dass

1 2 3 4 5 6 7

... Sie spüren, wie schön es ist zu leben ☐ ☐ ☐ ☐ ☐ ☒ ☐ ... Sie sich fragen, wieso Sie überhaupt leben

N3 - Die Dinge, die Sie täglich tun, sind für Sie ...

[illegible]

N4 - Wie oft sind Ihre Gedanken und Gefühle ganz durcheinander?

1 2 3 4 5 6 7

sehr oft ○ ○ ○ ○ ○ ○ ○ sehr selten oder nie

N5 - Wenn Sie etwas tun, das Ihnen ein gutes Gefühl gibt, ...

1 2 3 4 5 6 7

... dann ist es so, dass
sie sich auch weiterhin
gut fühlen werden

☐ ☐ ☐ ☐ ☐ ☐ ☐

... dann wird bestimmt
etwas passieren, dass
dieses Gefühl wieder
verdirbt

N6 - Sie erwarten für die Zukunft, dass Ihr eigenes Leben ...

1 2 3 4 5 6 7

... ohne jeden Sinn und
Zweck sein wird

☐ ☐ ☐ ☐ ☐ ☐ ☐

... voller Sinn und Zweck
sein wird

N7 - Viele Leute – auch solche mit einem starken Charakter – fühlen sich in bestimmten Situationen als traurige Verlierer. Wie oft haben Sie sich in der Vergangenheit so gefühlt?

1 2 3 4 5 6 7

sehr oft

☐ ☐ ☐ ☐ ☐ ☐ ☐

sehr selten oder nie

N8 - Wenn Sie an Schwierigkeiten denken, denen Sie bei wichtigen Dingen im Leben wohl begegnen werden, haben Sie das Gefühl, dass ...

1 2 3 4 5 6 7

... es Ihnen immer
gelingen wird, die
Schwierigkeiten zu
überwinden

☐ ☐ ☐ ☐ ☐ ☐ ☐

... Sie es nicht schaffen
werden, die
Schwierigkeiten zu
überwinden

N9 - Wie oft haben Sie das Gefühl, dass die Dinge, die Sie im täglichen Leben tun, wenig Sinn haben?

	1	2	3	4	5	6	7	
sehr oft	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	sehr selten oder nie

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Im Folgenden finden Sie Aussagen, die Ihr körperliches Wohlbefinden betreffen. Bitte lesen Sie jede Aussage sorgfältig durch und entscheiden Sie, in welchem Ausmaß die Aussage auf Sie zutrifft oder nicht zutrifft. Sie haben dabei sechs verschiedene Antwortmöglichkeiten.

[illegible]

[illegible]

Zusätzlicher Platz für Ihre Antworten:

Bitte geben Sie unbedingt die zugehörige Fragennummer an!

Meine Antwort

Teil 0

Bei einem Großteil der Fragen brauchen Sie nur ein Kreuz zu setzen. Unter "Sonstiges" können an einigen Stellen weitere Anmerkungen oder Erklärungen hinzugefügt werden.

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O1 - Was gibt Ihnen Kraft in dieser schwierigen Zeit? Benennen Sie bitte Faktoren.

Meine Antwort

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O2 - Seit der Situation des Coronavirus ...

	1 - ist gleich geblieben	2 - etwas mehr	3 - mehr	4 - viel mehr	5 - sehr viel mehr
Mein Leben dient einem höheren Zweck.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bei der Entscheidung, was zu tun ist, berücksichtige ich immer, ob auch andere Menschen davon profitieren.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich habe die Verantwortung, die Welt zu einem besseren Ort zu machen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mein Leben hat eine nachhaltige Bedeutung.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mein Handeln ist für die Gesellschaft von Bedeutung.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich habe viel Zeit damit verbracht, darüber nachzudenken, was das Leben bedeutet und wie es ins große Ganze passt.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Das Leben ist zu kurz, um die Freuden des Lebens hinauszuzögern.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich mache alles, um mich euphorisch zu fühlen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wenn ich	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Wenn ich entscheide, was zu tun ist, ziehe ich immer in Betracht, ob es mir Vergnügen bereiten wird.					
Ich stimme mit der Aussage überein: „Das Leben ist kurz – iss die Nachspeise zuerst.“	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich liebe es Dinge zu tun, die meine Sinne beanspruchen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Für mich bedeutet gutes Leben genussvolles Leben.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bei allem was ich mache, vergeht die Zeit sehr schnell.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich suche nach Situationen, die meine Fähigkeiten und mein Können herausfordern.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Egal ob auf Arbeit oder in der Freizeit, ich bin normalerweise „in einer Blase“ und mir nicht meiner selbst bewusst.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich bin immer sehr vertieft in das, was ich tue.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wenn ich entscheide, was zu tun ist, ziehe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ich immer in
Betracht, ob ich
mich selbst dafür
begeistern kann.

Ich bin kaum
abgelenkt von
dem, was um
mich herum



03 - Was glauben Sie, was die generelle Ursache des Coronavirus ist?

- ☐ durch Tiere übertragen
- ☐ menschengemacht (im Labor gezüchtet)
- ☐ ich weiß es nicht
- ☐ Sonstiges: _____

04 - Glauben Sie, dass die bereitgestellten Fallzahlen der Wahrheit entsprechen?

Sie können Ihre Antwort gern unter "Sonstiges" genauer erläutern.

- ☐ ja
- ☐ nein
- ☐ teilweise
- ☐ manipuliert durch Politiker
- ☐ Sonstiges: _____

Mit den folgenden Fragen soll erfasst werden, ob sich aufgrund des von Ihnen genannten belastenden Lebensereignisses bestimmte Dinge im Leben verändert haben.

[illegible]

Ich lernte, aufmerksamer zuzuhören, wenn andere mit mir sprechen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich lernte, neuen Tatsachen und Ideen gegenüber offen zu sein.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich lernte, mich ehrllicher mit anderen auseinanderzusetzen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich lernte, dass ich gern einen Einfluss auf die Welt haben wollte.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich lernte, dass es in Ordnung ist, andere um Hilfe zu bitten.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich lernte, für meine persönlichen Rechte einzustehen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich lernte, dass es mehr Menschen gibt, die sich mehr um mich sorgen, als ich dachte.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Die Natur spricht viel mehr meine Sinne an.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ich fürchte viel mehr, dass es für unsere Kinder und Enkelkinder kaum noch intakte Natur geben wird.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Die Natur darf der wirtschaftlichen Entwicklung nicht im Weg stehen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In wirtschaftlichen Krisenzeiten muss auch der Naturschutz mit weniger Geld auskommen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Ich bin viel liebevoller
mit mir selbst.

☐ ☐ ☐ ☐ ☐ ☐

Ich bin präsenter und
höre aufmerksamer
zu.

☐ ☐ ☐ ☐ ☐ ☐

06 - Welche Berufsgruppe hat Sie in der Krise am meisten beeindruckt?

Meine Antwort _____

07 - Hat sich Ihre Sichtweise auf diese Berufsgruppen geändert?

- ☐ Ja
- ☐ Nein

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[illegible]

[illegible]

Ich habe jetzt ein
größeres
Verständnis für
religiöse und
geistige Dinge.

Ich habe einen
stärkeren
religiösen oder
spirituellen
Glauben.

☐ ☐ ☐ ☐ ☐ ☐

09 - Wie beurteilen Sie Ihre Schlafqualität?

- ☐ sehr schlecht
- ☐ schlecht
- ☐ mittel
- ☐ gut
- ☐ sehr gut
- ☐ ich werde schnell müde

010 - Schlafen Sie Ihrer Meinung nach zu wenig, seit dem Coronavirus?

Unter "Sonstiges" können Sie angeben, wie viele Stunden Sie durchschnittlich in den letzten 7-10 Tagen geschlafen haben.

- ☐ ja
- ☐ manchmal
- ☐ nein, ich schlafe normal
- ☐ nein, ich schlafe zu viel
- ☐ Sonstiges: _____

011 - Ich könnte ruhiger schlafen, wenn:

Meine Antwort _____

012 - Träumten Sie anders als sonst?

- ☐ Ja
- ☐ Nein

013 - Was träumten Sie? Erkennen Sie einen Virus-Zusammenhang?

Meine Antwort

Zusätzlicher Platz für Ihre Antworten:

Bitte geben Sie unbedingt die zugehörige Fragennummer an!

Meine Antwort

Teil P

Bei einem Großteil der Fragen brauchen Sie nur ein Kreuz zu setzen. Unter "Sonstiges" können an einigen Stellen weitere Anmerkungen oder Erklärungen hinzugefügt werden.

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P1 - Bitte notieren Sie nun (ausgehend von der letzten Frage) die für Sie aktuell zehn wichtigsten Werte, nach Wichtigkeit geordnet. Sie können auch Werte ergänzen.

Bitte beginnen Sie mit dem für Sie persönlich wichtigsten Wert, gefolgt von dem Zweitwichtigsten usw.

Achtsamkeit	Freiheit	Kompetenz	Rücksicht
Austausch	Freude	Kraft	Ruhm
Akzeptanz	Frieden	Klarheit	Reichtum
Ästhetik	Fröhlichkeit	Klugheit	Respekt
Aufregung	Feiern	Kultur	Rationalität
Ausdauer	Fairness	Kontrolle	Selbstbestimmung
Anerkennung	Frohsinn	Kundenorientierung	Sinn
Ausgeglichenheit	Fülle	Konsequenz	Sicherheit
Achtung	Familie	Lust	Spiritualität
Begeisterung	Freizeit	Liebe	Schönheit
Beharrlichkeit	Freundschaft	Loyalität	Spiele
Besonnenheit	Führung	Lebensfreude	Sinnlichkeit
Behutsamkeit	Fürsorge	Leistung	Sportlichkeit
Bewusstheit	Glück	Leidenschaft	Spaß
Bildung	Gelassenheit	Lernen	Schutz
Bewegung	Gesundheit	Luxus	Sozial sein
Balance	Genuss	Leichtigkeit	Stabilität
Beständigkeit	Geborgenheit	Mitgefühl	Sorgfalt
Charisma	Glaubwürdigkeit	Mobilität	Stärke
Dankbarkeit	Gemeinschaft	Mut	Struktur
Demut	Gerechtigkeit	Menschlichkeit	Stil
Disziplin	Geduld	Natürlichkeit	Sparsamkeit
Diskretion	Güte	Nachhaltigkeit	Sexualität
Erfolg	Harmonie	Natur	Toleranz
Entwicklung	Humor	Neugier	Tradition
Einsicht	Hoffnung	Offenheit	Teamgeist
Engagement	Hingabe	Ordnung	Tiefe
Effektivität	Hilfsbereitschaft	Optimismus	Treue
Effizient	Herausforderung	Präzision	Unabhängigkeit
Ehrlichkeit	Humanismus	Partnerschaft	Unterhaltung
Ernsthaftigkeit	Integration	Phantasie	Unterstützung
Eins sein	Integrität	Perfektion	Verantwortung
Eleganz	Innovation	Prestige	Veränderung
Einzigartigkeit	Intelligenz	Pünktlichkeit	Verbindlichkeit
Exklusivität	Kreativität	Qualität	
Empathie	Kommunikation	Ruhe	

Meine Antwort

P2 - Welche Maßnahmen wünschen Sie sich von der Politik oder Ihrem Arbeitgeber als Nachbetreuung, wenn die Coronavirus-Situation überstanden ist?

Meine Antwort

P3 - Kritisieren Sie etwas an dem Krisen-Management durch die Bundesregierung bzw. Ihres Arbeitgebers in dieser Zeit?

Meine Antwort

P4 - Wenn Sie das Coronavirus symbolisieren würden, welches Bild oder welcher Begriff fällt Ihnen spontan ein? Sie können auch zeichnen oder ein Gedicht schreiben (gegebenenfalls senden Sie uns ein Handy-Foto von Ihrem Bild).

Meine Antwort

P5 - Ist Ihnen die letzte Frage leicht gefallen?

- ☐ Ja
- ☐ Nein

P6 - Jetzt sind die Kleinen dran: Wir würden uns freuen, wenn Sie Ihre Kinder fragen, ob sie uns ein Bild malen möchten zum Thema 1: "Meine Familie in der Corona-Zeit" und/oder Thema 2: "Meine Familie in Tieren" (wobei jedes Familienmitglied durch ein Tier repräsentiert wird). Das Werk Ihrer Kinder können Sie als Foto oder Scan an dpfa.gruppe@gmail.com senden.

Meine Antwort

Teil Q - Evaluation

Vielen Dank für Ihre Zeit! Nun bitten wir Sie noch um Ihre persönlichen Meinung zu unserem Fragebogen.

Wir sind offen für Anmerkungen, Hinweise und Kritik und versuchen diese in den weiteren Verlaufsfragebögen zu berücksichtigen.

Q1 - Inwieweit sind Ihre Antworten (speziell zu emotionalen Befindlichkeiten) im Fragebogen auch von anderen kritischen Lebensereignissen beeinflusst (z.B. Sterbefall, klinische Diagnosen, psychische Erkrankungen)

Meine Antwort _____

Q2 - Falls Sie eine anderen Nationalität angehören, konnten Sie die verwendete deutsche Sprache der Fragen gut verstehen? *

- ☐ Betrifft mich nicht
- ☐ Ja, ich konnte alles gut verstehen.
- ☐ Nein, ich hatte Probleme (unter "Sonstiges" können Sie genauer erläutern.)
- ☐ Sonstiges: _____

Q3 - Fanden Sie den Fragebogen verständlich?

Unter "Sonstiges" können Sie genauer erläutern.

- ☐ ja
- ☐ nein
- ☐ teilweise
- ☐ Sonstiges: _____

Q4 - Wie viele Minuten haben Sie schätzungsweise für die Bearbeitung des Fragebogens benötigt?

Meine Antwort _____

Q5 - Gibt es Ihrer Meinung nach Fragen, die gefehlt haben bzw. die Sie sich noch gewünscht hätten? Wenn ja, welche?

Meine Antwort

Q6 - Gibt es weitere Anmerkungen/ Verbesserungsvorschläge?

Meine Antwort

Zusätzlicher Platz für Ihre Antworten:

Bitte geben Sie unbedingt die zugehörige Fragennummer an!

Meine Antwort

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